CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Collection No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs, and Micro. Perm.		YES [ ] NO [X]

12 DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber M.D. Title: Commissioner of Health — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14 Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C P Force — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

M. D. B. 1268-9

E 96001

HEALTH DEPARTMENT—CITY OF BALTIMORE

96001

CERTIFICATE OF DEATH

V 168

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 921 Brunt St. 14-21 Ward)

Length of residence in city or town where death occurred 38 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Logan.

(a) Residence: No. 921 Brunt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fmale
4. Color or race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas Logan

6. DATE OF BIRTH (month, day, year): 1883

7. AGE: Years 50; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spooner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lancaster Co Penn

FATHER

13. NAME: Ernest Fauntleroy

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Nancy Clayton

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Jas Fauntleroy
(Address) 926 Woodyear

18. BURIAL, CREMATION, OR REMOVAL: Place Lillard Va Date Dec 6 1933

19. UNDERTAKER: Thomas E. Kelson
(Address) 1303 Prestman st

Dec 6 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] to [illegible], 19

I last saw h alive on Dec 5, Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
3 Days	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy?

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Leath M. D. Coroner

(Address)

M. D. B. 1268-6

E 96002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Local 82-001.

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Hotel Rennert Permanent St., Baysh rd Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred several years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Patton Reigart

(a) Residence: No. Hotel Rennert Bay Ridge Md St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Reigart

6. DATE OF BIRTH (month, day, year) July 19-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tipton Iowa

FATHER

13. NAME Emanuel Reigart

14. BIRTHPLACE (city or town) (State or country) Tipton Iowa

MOTHER

15. MAIDEN NAME Margarete Patton

16. BIRTHPLACE (city or town) (State or country) Mt Pleasant Iowa

17. INFORMANT Mrs Harriet Reigart

(Address) Hotel Rennert Bay Ridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date 19

19. UNDERTAKER H Jenkins & Son Co

(Address) Eutaw & Lanvale Sts

Huntington Williams Funeral Director

20. FILED C 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from at various times for the past 6 years, 19

I last saw him alive on Dec 5th, 1933. Death is said to have occurred on the date stated above, at 11.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Cerebral Hemorrhage	Several years

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) H K Gonzales M. D.

(Address) 117 W. Saratoga St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 96003

E 96003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 W. 39th St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank F. Patterson

(a) Residence: No. 100 W. 39th St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (~~not WIFE of~~) Ethel M. Patterson

6. DATE OF BIRTH (month, day, year) May 30th 1864

7. AGE: Years 69 | Months 7 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salem N. C.

FATHER

13. NAME R. Patterson

14. BIRTHPLACE (city or town) (State or country) Salem N. C.

MOTHER

15. MAIDEN NAME Mary Fries

16. BIRTHPLACE (city or town) (State or country) Salem N. C.

17. INFORMANT Ethel M. Patterson

(Address) 100 W 39th St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 7th 1933

19. UNDERTAKER H. J. Jenkins & Co

(Address) Greenmount Ave & 33rd St

Huntington, West Va.

(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1933 to Dec 5 1933

I last saw him alive on Dec 5 1933 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

Coronary Disease — Date of onset Nov. 22

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Standish McCleary, M. D.

(Address) .....

DEC 6 1933

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 7-01 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Vasek

(a) Residence: No. 612 E. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Vasek (Dec'd)

6. DATE OF BIRTH (month, day, year) June 3, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME John Vasek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Ina Caspar

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Friends
(Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Dec 8th 1933

19. UNDERTAKER Wm Cook
(Address) 217 E Pratt St

FILED DEC 6 1933 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 27 1933 to Dec. 4 1933

I last saw him alive on Dec 4 1933 Death is said to have occurred on the date stated at at 7.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Regnier M. D.

(Address) East City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 96005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 E. Lanvale St., 12-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella G. Chapman

(a) Residence: No. 405 E Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank S Chapman

6. DATE OF BIRTH (month, day, year) Feb 29, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Saratoga Springs N.Y.

FATHER

13. NAME William Peck

14. BIRTHPLACE (city or town) (State or country) Boston Mass

MOTHER

15. MAIDEN NAME Gabrilla Kemp

16. BIRTHPLACE (city or town) (State or country) Mt Pleasant N.Y.

17. INFORMANT Edward S. Peck
(Address) 405 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 12/7 1933

19. UNDERTAKER William Ecok
(Address) 1217 St Paul St

DEC 6 1933

... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1933 to Dec. 4, 1933

I last saw her alive on Dec. 4, 1933. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Indefinite	
Other contributory causes of importance: Acute dilatation of heart	11/3/33

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

12/6/33 (Signed) H. E. H. Cantwell M. D.
(Address) 1644 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0 E 96006

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96006

CERTIFICATE OF DEATH

173

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fleet St & Grundy St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Dietrich

(a) Residence: No. 300 Blk Lehigh St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie Dietrich

6. DATE OF BIRTH (month, day, year) Feb 26 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	35	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elect Welder Oxy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ind Dry Dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Frank J Dietrich

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Katie Malon

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Bessie Dietrich

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Dec. 7 - 1933

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 793 W Baltimore St.

20. FILED DEC 6 - 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__ to ____, 19__

I last saw h alive on ____, 19__. Death is said to have occurred on the date stated above, at 1030 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol Shot Wound of Head	
Homicide	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 12/2, 1933

Where did injury occur? Fleet & Grundy
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Shot in Head

Nature of injury Laceration of Brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J F Sturgeon MD, M. D.
Coroner

(Address) 1505 E Fallsway

E 96007

M. D. H. 1268-9

E 96007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 S. Hare St., 1st Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Elizabeth Smith

(a) Residence: No. 20 S. Hare St. St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Smith

6. DATE OF BIRTH (month, day, year) Jan 2 - 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitress 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Herman Brill

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Fisher

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Herman P. Smith.

(Address) 2620 Gleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date Dec. 9. 33.

19. UNDERTAKER Lilly & Williams,

(Address) 463 N. Howard St.

20. FILED DEC 6 - 1933 by Lilly & Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 4 - 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 19 33 to DEC 4 - 1933 19

I last saw h..... alive on DEC 4 - 1933 19 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio - Pneumonia	5 Days
Other contributory causes of importance: Pulmonary Edema	2 Days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If a... specify .....

(Signed) Edward Covel C. M. D.

(Address) 413 N. Washington

M. D. B. 1268-9

E 96008

27843 6 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 96008

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 20-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Sturstorfer

(a) Residence: No. 3707 Fait ave St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-2-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10 mo	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Herbert Sturstorfer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Antonelle Klinger

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec 7 1933

19. UNDERTAKER Libby & Zeiler Inc

(Address) 1128 E. Preston St.

DEC 6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1933, to Dec 4th, 1933

I last saw h.i.m. alive on December 4th, 1933. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	Oct. 1933

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry D. Stebbins M. D.

(Address) 720 Johns Hopkins Hospital

C. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96009 ✓ E 96009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 Hudson St., 76-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harriett Birch.

(a) Residence: No. 3908 Hudson St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Millard F. Birch.

6. DATE OF BIRTH (month, day, year) Dec 2nd 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70 71	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Harford Co. (State or country)

FATHER

13. NAME Charles Rebuth

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Rosanna Burns

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Annie Gilleade.

(Address) 815 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Dec 9 1933

19. UNDERTAKER Tilley & Wilkinson

(Address) 403 S. Wolfe St.

FILED ..... 19 ..... Registrar.

DEC 6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1933 to Dec. 6th 1933

I last saw her alive on Dec. 6 1933. Death is said to have occurred on the date stated above, at 1.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	11/29
Other contributory causes of importance: Chronic Myocarditis	8 Mos.

Name of operation None Date of .....

What test confirmed diagnosis Autopsy? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Henry O Athey M. D.

(Address) 2564 E Pratt St.

M. D. B. 1268-9

96010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96010

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 14-01 Ward)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza Brown

(a) Residence: No. 5 N. Lawrence St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. Brown

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hillsborough, N.C.

FATHER

13. NAME W. Brown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME W. Brown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles Calloway

(Address) 5 N. Lawrence St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec 6th, 1933

19. UNDERTAKER Archibald R. Geddes

(Address) 2317 E. Eutaw St.

Dec 6 1933, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-3-33, 19..., to 12-4-33, 19...

I last saw her alive on 12-4-33, 19... Death is said to have occurred on the date stated above, at 8 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Arteriosclerosis	
Hypostasis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Levi Rowe, M. D.

(Address) Provident Hospital

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

96011

HEALTH DEPARTMENT—CITY OF BALTIMORE

96011

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 N. Bond St. St., 8-01 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FRANCIS M. BARRETT

(a) Residence: No. 1526 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Bessie A. Barrett

6. DATE OF BIRTH (month, day, year) April 21- 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Francis M. Barrett

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Connolly

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Bessie A. Barrett

(Address) 1526 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Dec. 9 1933

19. UNDERTAKER Chas. H. Grandt & Son

(Address) 115 W. Mt. Royal Ave

20. FILED DEC 6 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

33

21. DATE OF DEATH (month, day, year) Dec. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1933 to Dec 5 1933

I last saw h[illegible] alive on Dec 5 1933. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 1
Other contributory causes of importance:	
Cardiac failure	Dec 3

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) O. O. Davis, M. D.

(Address) 1504 N. Caroline St

M. D. P. 1268-0

(Pachkram) ✓ E 96012

E 96012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Pochkan.

(a) Residence: 1 off 6 Shore - Colgate Creek St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Pochkan

6. DATE OF BIRTH (month, day, year) 4/12/83

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 50	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman. 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Joseph Pochkan.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Sarah Shoberlain

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT Anthonazzi
(Address) Shore Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakwood Date Dec. 6. 1933

19. UNDERTAKER Chas. E. Connelly
(Address) Glen Burnie Md.

20. FILED Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/4, 1933, to 12/4, 1933. I last saw h[illegible] alive on 12/4, 1933. Death is said to have occurred on the date stated above, at 11 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	3 ms
Other contributory causes of importance:	
Nephritis	10 days

Name of operation Gastroenterostomy Date of 11/9/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, when?

(Signed) H. R. Bonn M. D.

(Address) Balto City Hosp

S. R.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 6-1933

M. D. F. 1268-9

96013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96013

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward T Thompson

(a) Residence: No. None St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma T Thompson

6. DATE OF BIRTH (month, day, year) Nov. 29, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James T Thompson

14. BIRTHPLACE (city or town) (State or country) Gettysburg Pa

MOTHER

15. MAIDEN NAME Jane Warner

16. BIRTHPLACE (city or town) (State or country) Gettysburg Pa

17. INFORMANT Records

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date 12/6/33 19

19. UNDERTAKER [illegible]

(Address) [illegible]

[illegible] DEC 6-1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 2, 1933 to December 3, 1933

I last saw deceased alive on Dec 3, 1933 Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	?
Carcinoma Pancreas	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I D Russell M. D.

(Address) Balt City Hosp.

X

K—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96014

96014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (~~Res~~ Baltimore City Hosp. St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Moore

(a) Residence: No. 109 N. Hagerstk St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clemmie Moore (Dead)

6. DATE OF BIRTH (month, day, year) May 23, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 06

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER

13. NAME John Moore

14. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER

15. MAIDEN NAME Martha Reeves

16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT Friends

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date 12/6/33 19

19. UNDERTAKER Dept of Vital Statistics

(Address)

20. FILED 12-8-1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 2, 1933, to December 4, 1933

I last saw him alive on December 4, 1933. Death is said to have occurred on the date stated above, at 9.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Malaria, aestivo autumnal	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Dhagel M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96015

96015

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6409 Brook Ave St. 27-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Miller

(a) Residence: No. 6409 Brook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Frederick Miller

6. DATE OF BIRTH (month, day, year) Nov. 5th 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Thomas Conner

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Annie O'Malley

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Mrs. M. J. Tipple

(Address) 6205 Kenilworth ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date 12/7/ 1933

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

FILED Washington Hill Registrar

EC 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14 1933 to Dec 4 1933

I last saw her alive on Dec 4 1933 Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis	3 days
Other contributory causes of importance:	
Arteriosclerosis & Chronic Nephritis	18 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If not certify

(Signed) B. A. Richardson M. D.

(Address) 1132 N. Eutaw St

If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96016

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 N. 36th St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Angeline Rash

(a) Residence: No. 841 N. 36th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ WIFE of (deceased) Wm. G. Rash.

6. DATE OF BIRTH (month, day, year) Feb 16, 1858.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75.	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harfordsburg Pa.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Jane Ann Mann

16. BIRTHPLACE (city or town) (State or country) Harfordsburg Pa.

17. INFORMANT Miss Jennie Rash

(Address) 841 N. 36th St

18. BURIAL, CREMATION, OR REMOVAL

Harfordsburg Pa. Date Dec 8, 1933.

19. UNDERTAKER Walter Davis

(Address) 3448 Westwood Ave

DEC 6-1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec 2nd, 1933. to Dec 6, 1933.

I last saw h[illegible] alive on Dec 5-th, 1933. Death is said to have occurred on the date stated above, at 5.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	2 Years
Arteriosclerosis & Hypertension	10 Years
Hypostatic Pneumonia	3 Days

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Wm. Lindsay Rowe M. D.

(Address) 250 N. 36th St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96017

96017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles A. Smith

(a) Residence: No. 718 Carroll St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Smith

6. DATE OF BIRTH (month, day, year) June 29, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	5	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodfinisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 7 03'

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation 25 years

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliz. Frost

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wife Mrs. Isabella Smith

(Address) Same 718 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Dec. 9 1933

19. UNDERTAKER Jos. H. Cook

(Address) 1003 W. Baltimore St.

Huntington Williams M.D.

DEC 6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1933 to 12-6 1933

I last saw him alive on 12-5 1933 Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Pancreatic gland	4
right - & effects	yrs
to face	?
	0

Other contributory causes of importance: None

Name of operation Radical Excision of tumor Date of 10-27-33

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Martin L. Cannon M. D.

(Address) Balto. City Hosp.

M. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 96018

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96018

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 W. Fayette St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ida Brady

(a) Residence: No. 837 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 16, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

037

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

FATHER

13. NAME John K. Gladden

14. BIRTHPLACE (city or town) (State or country) Somerset County Maryland

MOTHER

15. MAIDEN NAME Adaleia Kelley

16. BIRTHPLACE (city or town) (State or country) Somerset County Maryland

17. INFORMANT Mr. Bernice Brady

(Address) 837 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Anne's Cemetery Annapolis, Md. Date Dec. 8, 1933

19. UNDERTAKER [illegible]

[illegible]

FILED DEC 6 1933, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-8, 1933 to Dec 6 4h, 1933

I last saw her alive on Dec 5, 1933. Death is said to have occurred on the date stated above, at 12.15A m.

The principal cause of death and related causes of importance were as follows:

Cancer of Breast — Date of onset about 1 year

Other contributory causes of importance:

Name of operation Removal of Breast Date of Last Winter

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) R. Ker Williams, M. D.

(Address) 3200 Sequoia Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96019

96019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 20-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margareth Himmelheber

(a) Residence: No. German Aged Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cassel
(State or country) Germany

FATHER

13. NAME Heinrich Mueller

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Raabe

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT German Aged Home Records
(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Dec. 7 1933

19. UNDERTAKER Lee H. Cook
(Address) 1003 E. Baltimore St.

20. FILED DEC 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1933 to Dec 4 1933
I last saw her alive on Dec 3 1933 Death is said to have occurred on the date stated above, at 10.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis;	
Myocarditis.	
Senile Asthenia	

Other contributory causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

12/6/33 (Signed) R. Heller Herring M. D.
(Address) 2000 Hollins St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96020

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96020

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 East 35th St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine H Gatz

(a) Residence: No. 615 East 35th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Franz Gatz

6. DATE OF BIRTH (month, day, year): Jan 10 1847

7. AGE: Years 86 | Months 10 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: John. Zehndtz.

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Magdeline

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Eugene Otto

(Address): 615 East 35 Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 12/9 1933

19. UNDERTAKER: William Koch

(Address): 1217 St Paul Street

FILED DEC 7 - 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1933 to December 6, 1933

I last saw her alive on December 5, 1933. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of the right side	11/5/33 1 A.M.

Other contributory causes of importance:

None

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin B. Tenley M. D.

(Address) 3522 Greenmount Avenue

INSTRUCTIONS—PRINTING, WITH TYPEWRITER, OR WRITING, INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 96021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96021

1. PLACE OF DEATH West Baltimore Gen. Hosp. 59

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dora Gohn

(a) Residence: No. 901 N. Bentalou St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Morris B. Gohn

6. DATE OF BIRTH (month, day, year) Jan 4th 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME Edwin H. Cassell

14. BIRTHPLACE (city or town) (State or country) Lexington Ky

MOTHER

15. MAIDEN NAME Malinda Frey

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT Morris B. Gohn

(Address) 901 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 9th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... By .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6/33

22. I HEREBY CERTIFY, That I attended deceased from 11/19/33 to 12/6/33

I last saw her alive on 12/6/33 Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Septicemia following Operation	11/22/33
Other contributory causes of importance: Diabetes Mellitus	—

Name of operation Panhysterectomy Date of 11/22/33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leon Ackman M. D.

(Address) West Balto Gen Hosp

DEC 7 - 1933

INSTRUCTIONS: WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

E 96022

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96022

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4330 Willow Ave (Street) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 60 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George E. White

(a) Residence: No. 4330 Willow St Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR or RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margarette White

6. DATE OF BIRTH (month, day, year): June 3-1864

7. AGE: Years 69 | Months 6 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rigger do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ship Building

10. Date deceased last worked at this occupation (month and year): 10 yrs | 11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Connaset Co Md

FATHER

13. NAME: George E. White

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Eugena Wallis

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mrs Emmie Austin

(Address) 3145 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL: Woodland PK Date 12/9 1933

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 1926 Oct 1931 to Dec 6 1933

I last saw him alive on Dec 5 1933. Death is said to have occurred on the date stated above, at 12:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1926

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H D Heaton M. D.

(Address) 4305 York Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B E 96023

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96023

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4207 Kolb Ave. St., 76-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mathilda Myers

(a) Residence: No. 4207 Kolb Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Myers

6. DATE OF BIRTH (month, day, year) May 1, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Schilling

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Catherine Scheeler

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Margaret I. Overbeck

(Address) 4207 Kolb Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Dec. 8 19 33

19. UNDERTAKER Frederick Lauenhardt

(Address) 7401 Belair Road

20. FILED ... 19 ... Registrar.

FC 7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 19 33

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933 to Dec 6, 1933

I last saw her alive on Dec 6, 1933 death is said to have occurred on the date stated above, at 5:12 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	1933
Myocarditis	1933
Other contributory causes of importance: Chronic Interstitial Nephritis	1933

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wilmer Hubbard M. D.

(Address) 4502 E Fort Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS should

M. D. B. 1268-a E 96024

Batchatis / E 96024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 106

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1760 Montford Ave St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William F Batchatis

(a) Residence: No. 1720 N Montford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rena Batchatis

6. DATE OF BIRTH (month, day, year) April 15 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Henry Batchatis

14. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER

15. MAIDEN NAME Amelia Rehberger

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Mrs Rena Batchatis

(Address) 1720 Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Dec 8 1933

19. UNDERTAKER John Allen

(Address) Eastern Ave

20. FILED DEC 7 1933 Huntington Williams N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1933 to Dec 5 1933

I last saw him alive on Dec 4 1933. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 30
Other contributory causes of importance:	
Myocarditis	Dec 1

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Feeney, M. D.

(Address) 1812 N Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P. S. 3

M. D. B. 1268-A

E 96025

M E 96025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 710-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. 1 dls. How long in U. S. If of foreign birth? yrs. mos. dls.

2. FULL NAME William Emory

(a) Residence: No. Log Inn, Annapolis, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Glenn L. Martin

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

FATHER

13. NAME William T. Emory

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME May Koch

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Records Baltimore City Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION OR REMOVAL
Place Annapolis, Md. Date Dec. 7 1933

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED DEC 7 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 06, 1933

22. I HEREBY CERTIFY, That I attended deceased from ungiven, 19 . to ungiven, 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/6, 1933

Where did injury occur? Eastern + East Aves
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Motorcycle he was riding

Nature of injury collided with an automobile

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Bhorny M. D.
(Address) 2200 E. Madison St. Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96026

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96026

CERTIFICATE OF DEATH

92-001

Registered No. 115-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3812 Woodhaven Ave St., 15-01 Ward)

Length of residence in city or town where death occurred 64 yrs. 3 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Lee Selby

(a) Residence: No. 3812 Woodhaven Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace L. Selby

6. DATE OF BIRTH (month, day, year) Aug 7-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard Selby

14. BIRTHPLACE (city or town) (State or country) 2

MOTHER

15. MAIDEN NAME Mary E. Goldsborough

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Grace Selby

(Address) 3812 Woodhaven Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Trees Mount Date Dec 7, 1933

19. UNDERTAKER Wm J Lykens & Sons

(Address) North & Linden Ave

20. FILED Dec 7 1933 [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Dec 5, 1933

I last saw him alive on Dec 5, 1933. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown

Other contributory causes of importance:

Chronic Interstitial Endocarditis	Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. B. Emrich M. D.

(Address) 4936 Park Ave

M. D. B. 1764 E 96027 E 96027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Tunbridge Rd. Homeland St., 5th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Huyett Thomas

(a) Residence: No. 309 Tunbridge Rd. Homeland Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Dickinson Thomas

6. DATE OF BIRTH (month, day, year) Oct. 16 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Co. Md.

FATHER

13. NAME Daniel Smith Huyett

14. BIRTHPLACE (city or town) (State or country) Washington Co. Md

MOTHER

15. MAIDEN NAME Emma Merrick

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT Daughter, Sue Thomas Handley

(Address) 309 Tunbridge Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 8th 1933

19. UNDERTAKER Henry W. Jenkins & Son Co.

(Address) Huntington, West Virginia

20. FILED Dec 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1931, to Dec 6, 1933

I last saw h[illegible] alive on Dec 6, 1933. Death is said to have occurred on the date stated above, at 4 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	2 yrs ago
	18 mos

Other contributory causes of importance:

General Carcinosis	

Name of operation Carcinoma Breast Date of Oct 1920

What test confirmed diagnosis? Clinical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 1403 Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96028

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96028

CERTIFICATE OF DEATH

V 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carolina Stonesifer

(a) Residence: No. 1409 Kepler St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Stonesifer (Dead)

6. DATE OF BIRTH (month, day, year) Jan. 30, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME George Wall

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 8 1933

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Baltimore Sts

20. FILED DEC 7 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 2, 1933 to Dec. 6, 1933

I last saw her alive on Dec 6, 1933. Death is said to have occurred on the date stated above, at 2-15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Myocardial Insufficiency	1 Yr

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. P. Magill M. D.

(Address) Balt City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96029

CERTIFICATE OF DEATH.

√124 E 96029

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 663 Sterling ST., 5-01 WARD)

2-FULL NAME Mary Marguette Matthews

(a) RESIDENCE NO. 663 Sterling ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Sept. 28, 1871

7 AGE: Years 62; Months ~~Sept~~; Days 7; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Gulton, Md.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Albert Matthews

(Address) 663 Sterling

Filed DEC 7 - 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-5-1933

17 I HEREBY CERTIFY, That I attended deceased from 11-8, 1933, to 12-5, 1933, that I last saw her alive on 12-5-, 1933 and that death occurred, on the date stated above, at 3:09 P.m.

The CAUSE OF DEATH* was as follows: Acute Endocarditis & Hepatitis (Hypertrophic)

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Nephritis & Enteritis

(duration) yrs. 1 mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. H. Blake, M. D.

12-6-33 (Address) 924 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Dec. 9, 1933

20 UNDERTAKER: Mrs R. A. Elliott

ADDRESS 1129 N. Caroline

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

Gaines

HEALTH DEPARTMENT—CITY OF BALTIMORE

960030

CERTIFICATE OF DEATH

108 E 960030

1. PLACE OF DEATH Provident Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Gaines

(a) Residence: No. 314 Pine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) 11/11/1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robt Gaines

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Malinda Brooks

16. BIRTHPLACE (city or town) (State or country) Cal. Co. Md

17. INFORMANT Mary Jones
(Address) 314 N. Pine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 12/1/33

19. UNDERTAKER Chas G. Cooper
(Address) 514 N. Calhoun St

DEC 7 - 1933

Registered ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 23, 1933 to December 11, 1933

I last saw h[illegible] alive on Dec 11, 1933 Death is said to have occurred on the date stated above, at 1:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/28
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Bascom Pegram M. D.

(Address) 1211 Linden Ave

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 96031

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96031

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Banks

(a) Residence: No. 1422 Ulrich St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Banks (Dec'd)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Virginia

FATHER

13. NAME ? Pettet

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Auburn Lou Date 12-7 [illegible]

19. UNDERTAKER Daniel Easton

(Address) [illegible] Huntington Philadelphia Pa

20. FILED DEC 7 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3 1933 to Dec 5 1933

I last saw her alive on Dec 5 1933 Death is said to have occurred on the date stated above, at 7½ Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?
Myocardial failure	1 hr ?
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I R Nagel M. D.

(Address) Balt. City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 2000 E 96032

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96032

279 37 E

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-01 Ward)

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Ernest Smith

(a) Residence: No. 229 N Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-15-95

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	38	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME Isaac Smith

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sabrie Hill

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Record
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 12-8 1933

19. UNDERTAKER Daniel Carton
(Address) 716 Pennsylvania Ave

20. FILED DEC 7-1933 Washington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-30. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1933 to Nov 30 1933

I last saw him alive on Nov 30, 1933 Death is said to have occurred on the date stated above, at 1.10 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Syphilitic aneurysm of Aorta which ruptured into oesophagus with resulting hematemesis & blood by stool. 3 weeks previous before death.

Other contributory causes of importance:

Syphilis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. Carmichael Leighton M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1206-9

E 96033

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96033

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Orleans St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50+ yrs. mos. ds. How long in U. S If of foreign birth? yrs. mos. ds.

2. FULL NAME Hennis Haynes

(a) Residence: No. 1810 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or partirular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in whirh work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Stone Va

FATHER

13. NAME Dennis Haynes

14. BIRTHPLACE (rity or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (rity or town) (State or country) Va

17. INFORMANT Tena Reynolds

(Address) 1810 Orleans

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 12-7-33

19. UNDERTAKER Esher Burns & Wright

(Address) 1218 N. Eden St

20. FILED 12-7-1933 Huntington Williams, M.D. Registrar.

DEC 7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933 to Dec 5, 1933

I last saw h. alive on Dec 5, 1933 Death is said to have ocrurred on the date stated above, at 3:35 pm

The principal cause of death and related rauses of importance were as follows:

	Date of onset
Valvular heart disease	✓
Interstitial nephritis	✓

Other contributory rauses of importanre: —

Name of operation ✓ Date of

What test ronfirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? (Specify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in public plare ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) Edward Fisher M. D.

(Address) 1612 E Monument

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 208-9 E 96034

E 96034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 1512 Gilmore St. (St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Jackson

(a) Residence: No. 304 N. Stricker St. St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Charlie Jackson

6. DATE OF BIRTH (month, day, year): 1883

7. AGE: Years: 50 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cambridge, Md

FATHER

13. NAME: Levin Anthony

14. BIRTHPLACE (city or town) (State or country): Eastern Shore Md.

MOTHER

15. MAIDEN NAME: Mary Dutton

16. BIRTHPLACE (city or town) (State or country): Eastern Shore Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: University of Md Date: 12/7/33 19

19. UNDERTAKER: Commissioner Health.

(Address)

FILED: DEC 7 - 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1933 to Dec. 5, 1933

I last saw her alive on Dec. 5, 1933 Death is said to have occurred on the date stated above, at 3.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis with edema	2 mo. ago
Uremic coma	one day

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. A. Marshall M. D.

(Address) 1838 Druid Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

96035 HEALTH DEPARTMENT—CITY OF BALTIMORE E 96035

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Gate House, Loudon Pk. ST. 20-01 WARD)

2-FULL NAME Rachel Ann Haight. Cemetery.

(a) RESIDENCE NO. Gate House, Loudon Pk. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If widowed, or (or) WIFE of: widow of Andrew Haight

6 DATE OF BIRTH (month, day, and year): Sept 16 1856

7 AGE: Years 76 Months 11 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Garrison Forest Md

PARENTS

10 NAME OF FATHER: Stephen Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore County Md

12 MAIDEN NAME OF MOTHER: Ruth Ann Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore County Md

14 Informant: Miss Kate V. Haight (Address) Loudon Park.

15 Dec 7 - 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 5, 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1933, to Dec 5, 1933.

that I last saw her alive on Dec 5, 1933

and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Alex Fleming, M. D.

12/5, 1933 (Address) Catonsville, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec. 8 1933

20 UNDERTAKER: George J. Smith. — ADDRESS: 1900 Eutaw Pl.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 96036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 118

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 N. Fremont St. 18-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robut Brown

(a) Residence: No. 120 N. Fremont ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Brown

6. DATE OF BIRTH (month, day, year) May 2nd 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber mill

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Hampton Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maria ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Brown
(Address) 120 N Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec. 7, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. Dec 7 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 4 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1933 to Dec 4 1933
I last saw him alive on Dec 4 1933. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach (cancer)	

Other contributory causes of importance: ✓

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas C Carter M. D.

(Address) 1422 Madison Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 96037

E 96037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 118

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 436 N. Eden St. 5-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Dockrus
(a) Residence: No. 436 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) Feb 14-1857

7. AGE Years 76 | Months 7 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Andrew Dockrus
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Julia Sol.
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Emma Howard
(Address) 436 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date Dec 7, 1933

19. UNDERTAKER Thos. E. Davis & Son
(Address) 416 E. Lexington St

20. FILED DEC 7 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1933, 19 ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	

Other contributory causes of importance: Error of diet

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Leo Kirk, M. D.
Coroner
(Address)

M. H. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96038 CE 96038

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Doe

(a) Residence: No. unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	unknown

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date 12/7/33, 19

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] Registrar.

12-7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2:35 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1305 N. Patterson Park Ave. City

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. P. 1268-9

M E 96039

HEALTH DEPARTMENT—CITY OF BALTIMORE

96039

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME John Marcus.

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. Color or Race white

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years about 30 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Unknown

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date 12/2/33 19

19. UNDERTAKER Commissioner Health

(Address) Per W. J. Tydings

No. 1933 Registered 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 to 19

I last saw h alive on Nov. 19 Death is said to have occurred on the date stated above, at 5-45 P m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures — Shock — Date of onset

Other contributory causes of importance:

automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 18 1933

Where did injury occur? Washington Blvd & Ridge Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking across road

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P Kenny M. D. Coroner

(Address) 2200 E Madison St

Exact statement of the CAUSES OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96040

HEALTH DEPARTMENT—CITY OF BALTIMORE

96040

CERTIFICATE OF DEATH

√157-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 149 N. Streeper St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Ludwig

(a) Residence: No. 149 N. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 6/33

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Charles E. Ludwig

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Bateman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charles Ludwig
(Address) 149 N. Streeper St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec [illegible], 1933

19. UNDERTAKER Frank T. Kiefaber
Address 3[illegible] E Baltimore St

20. FILED [illegible], 19[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2.30 P. M.

The principal cause of death and related causes of importance were as follows:

Probably Congenital Heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos. H. Bayer M. D.

(Address) 508 E Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96041

96041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Steele

(a) Residence: No. 1720 Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Steele

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 079

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ironworker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass

FATHER

13. NAME Norman Steele

14. BIRTHPLACE (city or town) (State or country) Boston Mass

MOTHER

15. MAIDEN NAME Mary Rice

16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT M. J. Carroll

(Address) 22 Otis St Boston Mass

18. BURIAL, CREMATION, OR REMOVAL

Place Boston Mass Date Dec. 7 1933

19. UNDERTAKER John E. Miller

(Address) 1255 E. Oliver St

20. FILED DEC 7 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1933 to Dec 5 1933

I last saw h.IM alive on Dec 5 1933 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Baker M. D.

(Address) University Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 96042

HEALTH DEPARTMENT—CITY OF BALTIMORE

96042

CERTIFICATE OF DEATH

91-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 16-01 St., ... Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eugenia Wordford

(a) Residence: No. 317 S Macon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B Wordford

6. DATE OF BIRTH (month, day, year) Jan. 23, 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Louisville (State or country) Ky

FATHER

13. NAME J. R Johnson

14. BIRTHPLACE (city or town) ..... (State or country) Ky

MOTHER

15. MAIDEN NAME Georgia Rae

16. BIRTHPLACE (city or town) ..... (State or country) Ky

17. INFORMANT Friends (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Maryland Mem Pk Date Dec 7 1933

19. UNDERTAKER John E Miller (Address) 2235 E Monument St

20. FILED ..... 19..... Registrar.

C 7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1933 to Dec. 6, 1933

I last saw h.. alive on Dec. 6, 1933 Death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	6 mos
Heart disease, rheumatic	

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T P Magee M. D.

(Address) Balt City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96043

93-003

Registered No.

1. PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mr. Frank W. Kane

(a) Residence: No. 889 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen A. (nee Robinson)

6. DATE OF BIRTH (month, day, year) Feb. 18, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glazer Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Mr Frank Kane Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Annie Schaffer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Annie Kane
(Address) 889 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 12/9 1933

19. UNDERTAKER Henry F. Kuethe
(Address) 1101 Edmondson Ave

20. Filed ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1933 to 12-6 1933

I last saw him alive on 12-6 1933 Death is said to have occurred on the date stated above, at 6 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Decompensation	1926
auricular Fibrillation	4 wks
Other contributory causes of importance:	
acute Cardiac Dilatation	12/5

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96044

96044

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... (Ward) 20-04

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewin Mackey

(a) Residence: No. 1705 W Lexington St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored Negro	Married

5a. If married, widowed, or divorced HUSBAND of (~~wife~~) Pauline Mackey

6. DATE OF BIRTH (month, day, year) Oct 4, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Lewin Mackey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Carrie King

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Pauline Mackey

(Address) 1705 W. Lexington Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lion Date Dec 9, 1933

19. UNDERTAKER Joseph A Sizer

(Address) 1614 N Mount Street

Huntington Ave. Funeral Home

12-7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1933 to December 4, 1933

I last saw h... alive on December 4, 1933. Death is said to have occurred on the date stated above, at 5 a.m.

The prinripal rause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other rontributory causes of importanre:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Acrident, suicide, or homicide? None Date of injury ....., 19...

Where did injury ocrur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) Md Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96045

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96045

CERTIFICATE OF DEATH

210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 70 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Evelyn Platt

(a) Residence: No. 303 S. Catherine St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. Color or Race white

5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 12, 1932

7. AGE: Years 1 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Matthew W Platt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary E. Edgar

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mathew W. Platt

(Address) 303 S Catherine St

18. BURIAL, CREMATION, OR REMOVAL.

Place Loudon Park Date 12/9/1933

19. UNDERTAKER Harry H Leitzke

(Address) ~~Huntington Williams, Md~~

20. FILED ..... 19..... Registrar.

C7-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from none, 19.. to ..., 19...

I last saw him alive on none, 19.. Death is said to have occurred on the date stated above, at 7:00 p m

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance

Automobile Accident

Name of operation Decompression Date of 12/6/33

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/3/1933

Where did injury occur? Washington Blvd & 1/2 mi S of Catonsville (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which she was riding turned off road

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pearre Coroner M. D.

(Address) 2200 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 258-9 E 96046 ✓ E 96046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lyndenlea Hospital 10

CITY OF BALTIMORE: (No. [illegible] St. 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 5 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucian [illegible] Merrick

(a) Residence: No. 213 N Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 29 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Merrick

14. BIRTHPLACE (city or town) (State or country) Wilmington N.C.

MOTHER

15. MAIDEN NAME Lydia McClenton

16. BIRTHPLACE (city or town) (State or country) Wilmington N.C.

17. INFORMANT Sally [illegible]
(Address) 213 [illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] 1933

19. UNDERTAKER Forrest Funeral Home
(Address) [illegible]

20. FILED DEC 8 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1933 to Dec 7, 1933

I last saw h[illegible] alive on Dec 7, 1933 Death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	Dec 4
Toxic Myocarditis	Dec 7

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Cultures Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 96047

E 96047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 1200 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Mackelroy

(a) Residence: No. Little Sisters of the Poor-1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 18 January 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	"	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Matron

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME William Mackelroy

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Mary A Wilson

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sister Superior, Sist.
(Address) 1200 - Valley St. Balt. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Mount Date Dec 8, 1933

19. UNDERTAKER J. J. Wiedefeld
(Address) 916 Druid Park Drive

FILED DEC 8 1933 Washington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to Dec 6, 1933

I last saw her alive on Dec 5-33. Death is said to have occurred on the date stated above, at 12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Endocarditis	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Surg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. M. C. Parker M. D.

(Address) 111 E. Lexington

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96048 ✓ E 96048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Stevan

(a) Residence: No. 2941 W. Lanvale St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/6/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Harry Stevan

14. BIRTHPLACE (city or town) Russia (State or country)

MOTHER

15. MAIDEN NAME Matilda Stevan

16. BIRTHPLACE (city or town) Austria (State or country)

17. INFORMANT Harry Stevan

(Address) 2941 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Workmen Circle Cemetery Date Dec 8, 1933

19. UNDERTAKER L. Levinson Bro

(Address) 1127 E Baltimore St

20. FILED DEC 8 - 1933 Huntington Hillman, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/6, 1933, to 12/7, 1933

I last saw her alive on 12/7, 1933 Death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Patent Ductus Arteriosus

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Nicholas H. Eccleston M. D.

(Address) Bon Secours Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B. 1268 E 96049 ✓ E 96049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 N Monroe St. 15-01 Ward)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Yetta Kaplan

(a) Residence: No. 1625 N Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Late Abraham

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~None~~

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Harris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bella Harris

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mat Jacobson

(Address) 1625 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern Ave. Date Dec 8, 1933

19. UNDERTAKER S Levinson Bro

(Address) 1127 E Baltimore St

CONFILED ..... Remarks .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from September, 1933, to December 7, 1933

I last saw h~~e~~r alive on December 7, 1933. Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1928
Chronic Uremia Due	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton L. Solomon, M. D.

(Address) 117 S Broadway

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-S 3

M. D. B. 1268-9 E 96050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96050

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4840 Park Heights Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary W. Kampfhenkel

(a) Residence: No. 4840 Park Heights ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav Kampfhenkel

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (3)

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Sebastian Leckner

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Gustav Kampfhenkel
(Address) 4840 Park Height ave

18. BURIAL, CREMATION, OR REMOVAL
Knsw Cathedral Date Dec 9. 1933

19. UNDERTAKER Martin Fahey Sons
(Address) 1827 W. North ave

20. FILED ... by ... Asst. Registrar.

DEC - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 . 1933 to Dec 6 . 1933

I last saw h.. alive on Dec 6 . 1933 Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	12-6-33
arteriosclerosis	?
Hypertension	?
Chronic myocarditis	?

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Meyer Miller M. D.

(Address) 4831 Park Heights Ave

V 5 3 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 96051

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96051

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 N. Mount ST. 16-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sallie Dickerson Smith

(a) RESIDENCE NO. 1129 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Smith

6 DATE OF BIRTH (month, day, and year) Dec. 22, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	11	16 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer none

9 BIRTHPLACE (city or town) Blackstone (State or country) Virginia

PARENTS

10 NAME OF FATHER Randall White

11 BIRTHPLACE OF FATHER (city or town) Blackstone (State or country) Va

12 MAIDEN NAME OF MOTHER Tempie White

13 BIRTHPLACE OF MOTHER (city or town) Blackstone (State or country) Va

14 Informant (Address) Mrs Kate Johnson 1129 N. Mount St

15 Filed Dec 8 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-6-33

17 I HEREBY CERTIFY, That I attended deceased from 11-23-, 1933, to 12-6-, 1933, that I last saw her alive on 12-4-, 1933, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

myocarditis

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Nephritis and Arthritis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In Baltimore, Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sob and physical examination

(Signed) Frank A. Saunders, M. D.

12-6 1933 (Address) 1129 N. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion cemetery

DATE OF BURIAL Dec 9 1933

20 UNDERTAKER T. Wm. E. Kelson

ADDRESS 1303 Freemont St

L8-1933

M. D. B. 1268-9

E 96052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96052

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 16-61 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Blanche Fowler

(a) Residence: No. 1339 Lafayette Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1, 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook D 21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

FATHER

13. NAME Hellory Fowler

14. BIRTHPLACE (city or town) Carroll Co. (State or country) Md

MOTHER

15. MAIDEN NAME Louisa Brooks

16. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place ~~Loudon Park~~ Cemetery Co Date 12/9 1933

19. UNDERTAKER Frank J. Close & Co

(Address) 638 N. Eutaw

20. FILED DEC 6 - 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1933 to December 4, 1933

I last saw h... alive on December 4, 1933. Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause not determined	—
Other contributory causes of importance:	
Syphilis, secondary	1 mo.

Name of operation ..... Date of Autopsy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. Rhoszell, M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96053 96053

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Glover St. St. 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Popp

(a) Residence: No. 115 N. Glover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Popp

6. DATE OF BIRTH (month, day, year) Aug. 13-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Klein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Dudley
(Address) 115 N. Glover St.

18. BURIAL, CREMATION, OR REMOVAL
Place M.T. Zion Date 12. 8 1933

19. UNDERTAKER Mr. E. Miller Son
(Address) 2334 Jefferson St.

20. FILED Huntington Williams N.Y.

DEC 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1933 to Dec 5 1933

I last saw her alive on Dec 5 1933 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Paralysis
Cerebral Hemorrhage
Senility

Date of onset 30 y

Other contributory causes of importance Chronic Bronchitis 2 yrs

Name of operation X Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury ( ). 19

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Kearse M. D.

(Address) 39 of Fairway Balto

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

CAUSES OF DEATH must be given in plain terms, so that it may be properly classified.

M. D. H. 1268-9

E 96054

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96054

CERTIFICATE OF DEATH X 131

1. PLACE OF DEATH 3821

CITY OF BALTIMORE: (No. 3821 Dalrymple Ave | 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George William Shuster

(a) Residence: No. 3821 Dalrymple ave St., Ward. Delaware

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME James H. Shuster

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME: Elizabeth Lord

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT W. P. Pitt

(Address) 3821 Dalrymple ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 8 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

FILED DEC 8 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1933 to Dec 7 1933

I last saw her alive on Dec 7 1933 Death is said to have occurred on the date stated above, at 1309 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Hypostatic Congestion	Dec 3 33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. W. Kerby M. D.

(Address) 617 Medical Arts Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96055

E 96055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Kennedy Ave. St. 9-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME E. Alexander Glantz,

(a) Residence: No. 2002 Kennedy Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Glantz,

6. DATE OF BIRTH (month, day, year) March 12, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cabinet

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maker

10. Date deceased last worked at this occupation (month and year) 614

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Elizabeth Glantz,
(Address) 2002 Kennedy Ave:

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Date DEC 9 1933

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED _____, 19____ _____ Registrar

DEC 8 - 1933 Huntington Woods

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 6 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1933, to Dec 6, 1933

I last saw h[illegible] alive on Dec 6, 1933. Death is said to have occurred on the date stated above, at 9.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	11/28/33
Left Hemiplegia	
Cerebral Sclerosis	

Other contributory causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Henry Ryle, M. D.

(Address) 1141 E Oliver St

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96056

96056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 E. Randell St., 24th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie M. Pensel,

(a) Residence: No. 300 E. Randell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Pensel,

6. DATE OF BIRTH (month, day, year) May 8. 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Kunckel,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Lucas,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) 300 E. Randell, St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date DEC 9 1933

19. UNDERTAKER Robert S. Settle (Address) 2700 Edmondson Ave.

Huntington Philadelphia Pa

Registrar. DEC 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1933 to Dec 7 1933

I last saw her alive on Dec 7 1933. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset 11/12/33
Arteriosclerosis

Other contributory causes of importance:
Pulmonary Edema
Bronchopneumonia
Cardiac Failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Walter Kohn M. D.

(Address) 102 E. Fort Ave.

Fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96057

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 20-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ward H. Mills

(a) Residence: No. 442 Bentalou St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora V. Mills

6. DATE OF BIRTH (month, day, year) Feb. 18, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaperman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brimbridge Pa

FATHER

13. NAME Stephen V. Mills

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Elizabeth Horst

16. BIRTHPLACE (city or town) (State or country) Lancaster Pa

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12-9 1933

19. UNDERTAKER F. C. Wisbert & Son (Address) 1300 Eutaw Place

20. FILED DEC 8 - 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 21 1933 to December 6, 1933

I last saw him alive on Dec. 6 1933 Death is said to have occurred on the date stated above, at 7:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Carbuncles, extensive	4 mo

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Nagel M. D.

(Address) Balt City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 96058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 S. Morley St., 70-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 4 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Valk

(a) Residence: No. 12 S Morley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina G Valk

6. DATE OF BIRTH (month, day, year) July 22 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Central Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Valk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Meiset

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christina G Valk

(Address) 12 S Morley Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12-11 ... 1933

19. UNDERTAKER G B Weyforth Son

(Address) 300 Eutaw Place

20. FILED DEC 8 - 1933 Harrington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6/33

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1933 to Dec 6 1933

I last saw him alive on Dec 6 1933 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	7 yrs
Other contributory causes of importance:	
Pulmonary Haemorrhages	4 days

Name of operation ... Date of ...

What test confirmed diagnosis? Ot Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Bonell M. D.

(Address) 3326 Frederick Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. B. 1268-B

E 96059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96059

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 20-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 11 mos. 11 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Caroline Plempel

(a) Residence: No. 1937 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Charles A. Plempel

6. DATE OF BIRTH (month, day, year) 11-18-65

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Charles Knoop

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Knoop

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Chas. A. Plempel
(Address) 1937 W. Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12-9 19 33

19. UNDERTAKER J. C. Whitlock & Son
(Address) 1300 Eutaw Place

20. FILED 19.....

DEC 8 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6-33 19

22. I HEREBY CERTIFY, That I attended deceased from 12-3-33, 19..., to 12-6-33, 19...

I last saw her alive on 12-6-33, 19... Death is said to have occurred on the date stated above, at 1235 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the sigmoid	
Other contributory causes of importance: Hypostatic pneumonia	12-5-33

Name of operation Colostomy Date of 12-4-33

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert H. Allison M. D.

(Address) Bon Secours Hospital

Y 8 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 96060

M. D. R. 1268-3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96060

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena F. Pickering

(a) Residence: No. Fort Howard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roby Pickering

6. DATE OF BIRTH (month, day, year) Jan 14 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Timberville Va.

FATHER

13. NAME Walter Coakley

14. BIRTHPLACE (city or town) (State or country) Harrisonburg Va.

MOTHER

15. MAIDEN NAME Libby Belle Sandy.

16. BIRTHPLACE (city or town) (State or country) Timberville Va.

17. INFORMANT Roby Pickering

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Timberville Va Date Dec 16 1933

19. UNDERTAKER Stephen J. Feathowski

(Address) 100 S. Edmondson Ave

20. FILED 19 [illegible]

12-9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-25 1933 to 12-7 1933

I last saw h[illegible] alive on 12-7 1933. Death is said to have occurred on the date stated above, at 12.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiovalvular disease	
Cardiac hypertrophy & dilatation	
Cardiac insufficiency.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Aut. Was there an autopsy? Ye

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henry B. Mapover M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Vols 3

M. D. B. 1268-9

✓ E 96061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96061

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 613 Gilbert St. 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lovas Irene Evans

(a) Residence: No. 613 Gilbert St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Baby

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year)

7. AGE: Years ..... Months 16 If LESS than 1 day, ✓ hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Henry Evans

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Lilian Williams

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Lillian Evans

(Address) 613 Gilbert St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 8, 1933

19. UNDERTAKER Mrs Katie R. Williams

(Address) 3220 Edmondson Ave

20. FILED ..... 19 ..... Registrar

DEC 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 — 6 — , 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1933, to Dec 6th, 1933

I last saw her alive on Dec 6, 1933. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

1 Catarrhal Pneumonia 12-8-33

Other contributory causes of importance:

Whooping Cough

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jas C Casper, M. D.

(Address) 1433 Madison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 96062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 E 96062

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward 1)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Johnson

(a) Residence: No. 1233 Division St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Jeannett Johnson

6. DATE OF BIRTH (month, day, year): [illegible] 14 1861

7. AGE: Years: 57 | Months: 0 | Days: 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fulton Co., Ind.

FATHER

13. NAME: Joseph Johnson

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Nancy Johnson

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: B. C. H. - Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Dec 8, 1933

19. UNDERTAKER: Mrs Katie R Williams

(Address): 2221 Schroeder St

20. FILED ..... 19..... Registrar

DEC 8 - 1933 Huntington Woods, MR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/23, 1933 to 12-5, 1933

I last saw him alive on 12-5, 1933 Death is said to have occurred on the date stated above, at 10 30 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of tongue with metastasis to pharyngeal glands

Date of onset: 1 yr ago

Other contributory causes of importance:

none

Name of operation: none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. P. Barnes M. D.

(Address) Bay City Hospitals

V S. 3

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-C E 96063 ✓ E 96063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 15 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Johnson

(a) Residence: No. 1333 E. Stockton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Johnson (Dead)

6. DATE OF BIRTH (month, day, year): Dec. 5, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Northumberland Co Va

FATHER

13. NAME: Daniel Johnson

14. BIRTHPLACE (city or town) (State or country): Fauquier Co Va

MOTHER

15. MAIDEN NAME: Elsie Holden

16. BIRTHPLACE (city or town) (State or country): Fauquier Co Va

17. INFORMANT: Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: 12-8 19 33

19. UNDERTAKER: Geo T. A. Gibson (Address) 1733 Pennsylvania Ave

20. FILED DEC 8 - 1933 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1933 to Dec 6, 1933

I last saw alive on Dec 6, 1933 Death is said to have occurred on the date stated above, at 3:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	4 days

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) I P Magill, M. D.

(Address) Balt City Hosp

MAIN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

960064

CERTIFICATE OF DEATH

93-004E 960064

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1050 W. Baltimore St. St., 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Rebecca Goldberg.

(a) Residence: No. 1050 W. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~XXXXXXXXXX~~ (or) WIFE of David Goldberg.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	----------	----------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Nathan Golderlick.

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT David Goldberg. (son)
(Address) 2816 Cold Spring Lane.

18. BURIAL, CREMATION, OR REMOVAL. Interment Date 12/8/33, 19

19. UNDERTAKER Leo Levin Bros.
(Address) 1434 E. Baltimore St.

20. FILED Hattie Warrington Registrar. 12/8/33

DEC 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency.
Acute dilatation of the heart.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Pinkard, M. D.
Coroner

12/8/33 (Address) 1019 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1988-9 E 96065 Clay E 96065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Hollins St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma L. Clay

(a) Residence: No. 1428 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 2, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME Samuel Sprigg

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME Burnett Mullinix

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Lola Clay

(Address) 1428 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 7, 1933

19. UNDERTAKER F. Vernon Keelsner

(Address) 1532 Hollins St

20. FILED DEC 8 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1931 to Dec 6, 1933

I last saw her alive on Dec 6, 1933 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Myocarditis	

Other contributory causes of importance:

Acute upper respiratory infection	

Name of operation None Date of

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 1324 W Lombard St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 960066

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 960066

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4004 Pennington Ave. St. 25-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie May Pinkine

(a) Residence: No. Coll Marley Neck Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Emmitt Pinkine

6. DATE OF BIRTH (month, day, year) Aug. 3 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3 4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Levin Hubbard

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Lewis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Caleb C. Pinkine (Son)

(Address) 4004 Pennington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Dec. 9 1933

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. 8-1933 Huntingtown, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1933, to Dec. 5, 1933

I last saw her alive on Dec 5, 1933 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cardiac Thrombosis	11/28/33
Myocarditis -	11/1/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. F. Hamilton M. D.

(Address) Huntingtown, Md.

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96067

39

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 3 - 21 Ward)

Length of residence in city or town where death occurred 1yr 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Henry Smith

(a) Residence: No. 8 S Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced WIFE of / HUSBAND of ..... (or)

6. DATE OF BIRTH (month, day, year) May 28, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore.

MOTHER / FATHER

13. NAME Joe Garner

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Friends
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place University Md Date 12/8/33 19..

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] Registrar

FILED 12-8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933 to Dec 7, 1933

I last saw him alive on Dec 7, 1933. Death is said to have occurred on the date stated above, at 2 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Lung - Tuberculosis	7 mo
Other contributory causes of importance:	

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? ..... No

33. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T P Magill, M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-B

96068 E 96068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-002

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Johnson

(a) Residence: No. 804 W. Saratoga St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: widowed

6. DATE OF BIRTH (month, day, year): 6/5/1840

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: John Holley

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Brian Robinson

(Address): 804 Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: 12/4 19 33

19. UNDERTAKER: Isaac L Brown Sons

(Address): 1014 Mary'd Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1933 to December 6, 1933

I last saw her alive on December 6, 1933. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia, interstitial	?
2. Endocarditis; bilateral (Acute-Syphilis?)	?
3. Peritonitis	?
Other contributory causes of importance: Senature, chronic	
Gonorrhea?	
Interstitial pulmonary fibrosis	

Name of operation: ..... Date of: 12-5-33

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J M Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

8-1933

M. D. B. 1268-9

E 96069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. William Alger (Florence)

(a) Residence: No. 1318 Morling Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced (or) WIFE of William Alger

6. DATE OF BIRTH (month, day, year) Sept. 5, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	3	1 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 14.

12. BIRTHPLACE (city or town) (State or country) Lake Hill, N. Y.

FATHER

13. NAME Walter Howland

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Julia Wilbur

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Mrs. Wm Alger, prior to death

(Address) A. above

18. BURIAL, CREMATION, OR REMOVAL

Poplar, Balto Co. Date Dec 9, 1933

19. UNDERTAKER Thanhauser

(Address) 3615 Edmondson Ave

DEC 8 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Dec 7, 1933

I last saw her alive on Dec. 7, 1933 Death is said to have occurred on the date stated above, at 1.05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
P. O. Shock	12/2/33
Other contributory causes of importance: Myocardial failure	

Name of operation Cholecystectomy Date of 12/1/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fred. E. Kadan, M. D.

(Address) Union Memorial Hospital

Cause of death must be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

B 960070

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 960070

CERTIFICATE OF DEATH

X 95-001

1. PLACE OF DEATH University Hospital 4-01 Registered No.

CITY OF BALTIMORE: (No. St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel J. Whipps

(a) Residence: No. Elliott City Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) Carrie G Whipps

6. DATE OF BIRTH (month, day, year) April 4-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Army, 8 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakland Mills Md

FATHER

13. NAME Samuel J. Whipps

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Booker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Carrie G Whipps
(Address) Elliott City Md

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Dec 11, 1933

19. UNDERTAKER Mary S Stare
(Address) Ellicott City

FILED 8 - 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-6-33, 19 to 12-8-33, 19

I last saw h alive on 12-8-33, 19 Death is said to have occurred on the date stated above, at 1 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Louis Mc M. D.

(Address) University Hosp

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 96071

HEALTH DEPARTMENT—CITY OF BALTIMORE

96071

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat 28-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. — mos. — ds. How long in U. S. If of foreign birth 65 yrs. 11 mos. 7 ds.

2. FULL NAME Mary J. Desmond

(a) Residence: No. Mount Hope Retreat St., Ward Lynchburg Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 1 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va.

FATHER

13. NAME Miles Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mt Hope

(Address) Hall

18. BURIAL, CREMATION, OR REMOVAL

Place Lynchburg Va. Date Dec-5 1933

19. UNDERTAKER Sheridan Monroe

(Address) 1018 W. Fayette St.

20. DEC 8 1933 H. Livingston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-8/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933. to Dec. 8, 1933

I last saw h.r alive on Dec 5, 1933. Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 months
Hemiplegia	13 years
Arterio-Sclerosis	10 yrs.
Chronic Interstitial Nephritis	10 yrs
Chronic Myocarditis	10

Other contributory causes of importance:

Senile Dementia Senile	17 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) C. W. Bonelli M. D.

(Address) 3316 Frederick Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—8-16-29—L. F. S.—100 Bks.

E 96072

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96072

107-001

CERTIFICATE OF DEATH

REGISTERED NO. 3-01

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2339 Madison Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME (Avon) Aven Jones

(a) RESIDENCE NO. 2339 Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Fifty yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 12-32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS—

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Cooke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John Jones

(Address) 2339 Madison Ave

Filed Dec 8 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1933 to Dec 7 1933,

that I last saw him alive on Dec 7 1933

and that death occurred, on the date stated above, at 1230A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Thos J Woolridge M. D.

Dec 7 1933 (Address) 703 N Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 12/8/1933

20 UNDERTAKER Wm. George H. Holland

ADDRESS 1630 Druid Hill Ave

M. D. B. 1268-9

E 960773

HEALTH DEPARTMENT—CITY OF BALTIMORE

960773

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp St. 16-01 Ward)

Length of residence in city ... ward where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard McLied

(R) Residence: No. 1106 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) 1886

7. AGE — Years 47 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship yard helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bessie Lied.

(Address) 1335 Argyle

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va Date 12/9/33

19. UNDERTAKER Mrs. George H. Holland

(Address) 1335 Argyle Ave

20. FILED 8-1933 By Antonette Pelli Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Buck Coroner M. D.

(Address) .....

See instructions on back of certificate.

M. D. F. 1268-9

E 96074

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96074

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Jackson. St. St. 24-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilhelmina A. Detzel.

(a) Residence: No. 1739 Jackson. St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Detzel.

6. DATE OF BIRTH (month, day, year) Sept. 15-1882.

7. AGE	Years	Months	Days 22	If LESS than 1 day, ... hrs. or ..... min.
	51	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Kohlhoff

14. BIRTHPLACE (city or town) (State or country) Germy

MOTHER

15. MAIDEN NAME Amelia L. Loetz

16. BIRTHPLACE (city or town) (State or country) Germy

17. INFORMANT George Detzel

(Address) 1739 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Dec 9 1933

19. UNDERTAKER

(Address) [illegible]

FILED 12-8-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1931 to Dec. 7, 1933

I last saw her alive on Dec. 6, 1933 Death is said to have occurred on the date stated above, at 11.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis, chronic interstitial nephritis and chronic myocarditis	May 15, 1931
Other contributory causes of importanre: Cerrebral hemorrhage (apoplexy)	

Name of operation ---- Date of ---

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homiride? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to ocrupation of deceased? no If so, specify ------

(Signed) Harry Deibel M. D.

12/8/33 (Address) 1224-1226 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

96075 E 96075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 North Ave St. 12-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Thi, Bowers

(a) Residence: No. 217 East North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. N. Lavinia Bowers

6. DATE OF BIRTH (month, day, year) Sept 20, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year) December 1931

11. Total time (years) spent in this occupation 52 years

12. BIRTHPLACE (city or town) (State or country) Columbia S C.

FATHER

13. NAME Jas. Thi Bowers

14. BIRTHPLACE (city or town) (State or country) Kent County Maryland

MOTHER

15. MAIDEN NAME Emily Jane Newman

16. BIRTHPLACE (city or town) (State or country) Columbia S C.

17. INFORMANT L. L. Fox
(Address) 2522 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec. 9, 1933

19. UNDERTAKER J. B. Cook
(Address) 1003 W. Baltimore St.

8-1933

Registrar.

OCCUPATION IS very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Dec. 7, 1933.
I last saw him alive on Dec. 7, 1933. Death is said to have occurred on the date stated above, at 11.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	
Other contributory causes of importance:	
Chronic Prostatis,	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hugh Forsythe, M. D.

(Address) 424 E. North Ave

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~960076~~ ~~960076~~ 960076 √50

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4770 Yales Road St., 13-01 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Estella Tanner

(a) Residence: No. 4770 Yales Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of Frederick D Tanner

6. DATE OF BIRTH (month, day, year) May 30, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~13~~

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

FATHER

13. NAME Wesley Tracey

14. BIRTHPLACE (city or town) (State or country) Baltimore Co

MOTHER

15. MAIDEN NAME Sarah Bareham

16. BIRTHPLACE (city or town) (State or country) Baltimore Co.

17. INFORMANT Grace Elmer Tanner

(Address) 4770 Yales Road

18. BURIAL, CREMATION, OR REMOVAL

Place Sinai Bur. Co. Date Dec 11 1933

19. UNDERTAKER Walter R. McNamee

(Address) 4114 Yales Road

20. FILED DEC 8 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 / 7 , 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/26, 1933 to 12/7, 1933

I last saw h~~e~~r alive on 12/6 1933 death is said to have occurred on the date stated above, at 4 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Breast	March 1933
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Murray Fisher, M. D.

(Address) 18 E. Eager St.

M. D. B. 1268-9

E 96077

96077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Lauretta ave 20-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose H. Rotan

(a) Residence: No. 2801 Lauretta Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Rotan

6. DATE OF BIRTH (month, day, year) Feb 25 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Md

FATHER

13. NAME August Ritt

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Minnie Pendig

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Henry Rotan
(Address) 2801 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 12/9, 1933

19. UNDERTAKER Leo J Cook
(Address) 1123 Patterson Pk Ave

20. FILED ..... Registrar.

8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7- 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1- 1933 to Dec 7- 1933
I last saw her alive on Dec 6 1933 Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Nephritis (Tubercular)	
Other contributory causes of importance Pulmonary Edema	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph O Mitchell M. D.

(Address) 2151 Wilkens Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 96078

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96078

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 N Robinson St., E (Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Dennis

(a) Residence: No. 313 N Robinson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos L Dennis

6. DATE OF BIRTH (month, day, year): Jan 20 1870

7. AGE: Years 63 | Months 10 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Prince George Md

FATHER

13. NAME: Stephen R Raymond

14. BIRTHPLACE (city or town) (State or country): Prince George Md

MOTHER

15. MAIDEN NAME: Louisa Tinsie

16. BIRTHPLACE (city or town) (State or country): Prince George Md

17. INFORMANT: Thomas Dennis

(Address) 216 N Carey St

18. BURIAL, CREMATION, OR REMOVAL: Forest Lawn Cem Sow

Place Frances Wright Rd Date Dec 9 19 33

19. UNDERTAKER: Mrs Cook

(Address) 1417 E Fort Ave

Huntington Williams, Inc.

C 8 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 8 33

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 33 to Dec 7 33

I last saw her alive on Dec 7 19 33 Death is said to have occurred on the date stated above, at 2:15 m.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency — Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm Insley, M. D.

(Address) 2236 E Baltimore

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-H 2508

E 96079

HEALTH DEPARTMENT—CITY OF BALTIMORE

96079

82-002

CERTIFICATE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413 Belair Road St. 8-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George G. Erdman

(a) Residence: No. 3413 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lizzie A. Erdman

6. DATE OF BIRTH (month, day, year) Sept. 23 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1913
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

FATHER

13. NAME John G. Erdman
14. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Lizzie A. Erdman
(Address) 3413 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Cem. Date Dec. 11 1933

19. UNDERTAKER Frederick Casualty Co.
(Address) 7401 Belair Road

Filed 19 Funeral Williams 3/7/33 Registrar

8-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to Dec 7 1933

I last saw him alive on Dec 6 1933 death is said to have occurred on the date stated above, at 12:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis - Cerebral Hemorrhage	

Other contributory causes of importance:
Left Hemiplegia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or ~~homicide~~? _____ Date of injury _____ 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) C. Carl Smith M. D.

(Address) 4702 Harford Road

M. D. B. 1268-9

(Lonsear) E 96080

96080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 164-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 W. Fayette St., 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mns. ds.

2. FULL NAME Anthony Lonsear

(a) Residence: No. 720 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 15 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dye
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Richard Lonsear
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Agelina Conte
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Lonsear Carlo
(Address) 254 Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Newark N.J. Date Dec 9 1933

19. UNDERTAKER John C. Miller
(Address) 2435 E. Eleventh
Irvington Newark, N.J.

Registrar

DEC 8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Poisoned by attempting to	
1	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner M. D.

(Address)

M. D. B. 1268-9

E 96081

HEALTH DEPARTMENT—CITY OF BALTIMORE

96081

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3500 Hamilton Ave (Ward) 27-01

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Bromfield Heine

(a) Residence: No. 3500 Hamilton Av. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Jane M Heine

6. DATE OF BIRTH (month, day, year) March 6-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Robert Heine

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Payne

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Jane M Heine

(Address) 3500 Hamilton Av

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 12/9 19 33

19. UNDERTAKER William Cook

(Address) 1217 E Lanvale St

20. FILED 12-9-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1930 to Dec 7 1933

I last saw h~~im~~ alive on Dec 7 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Ch.	Jan 1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J S Handley M. D.

(Address) 4810 Belair Rd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 96082

HEALTH DEPARTMENT—CITY OF BALTIMORE

96082

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Linden Ave. St. 14th Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Bethiah Evans

(a) Residence: No. 1803 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 25, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Isaac Evans

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Eleanor Spindler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Miss Caroline Rodgers

(Address) 1803 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemty. Date Dec. '8 1933

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

DEC 9-1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7- 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 1920 to Dec 6 1933

I last saw h[illegible] alive on Dec 6 1933 Death is said to have occurred on the date stated above, at 615 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene - Foot	10/18/33
Other contributory causes of importance: Arterio - sclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Standish McCleary M. D.

(Address) 1609 Linden Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96083

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (The) St., 16-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pearl Spain

(a) Residence: No. 1016 Brantley Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Spain

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Barley Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Alice Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sat 9th 1933

19. UNDERTAKER Elroy O. Wilson

(Address) 1016 J. Brantley Huntington Williams Inc.

20. FILED 9-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from November 28 1933 to Dec. 6 1933

I last saw her alive on Dec. 6 1933 Death is said to have occurred on the date stated above, at 12.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96084

CERTIFICATE OF DEATH

133 E 96084

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Druid Hill Ave ST. 14-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Weaver

(a) RESIDENCE NO. 1907 Druid Hill Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Birdie Weaver

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 30 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Alfred Weaver

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Amanda Weaver

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Birdie D. Weaver

(Address) 1907 Druid Hill Ave

15 Filed ... 19 ... Registrar

Burial Permit No. 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6, 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Dec 6, 1933, that I last saw h[im] alive on Dec 6, 1933 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Pyelitis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 1930

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. McCard, M. D.

12/7, 1933 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cemetery

DATE OF BURIAL Dec 9 1933

20 UNDERTAKER Arnold A. Gladden

ADDRESS 1101 Lanvale St

M. D. B. 1268-9

✓ E 96085

E 96085

279702

Med.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maurice Leeser

(a) Residence: No. 4034 Woodhaven Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Emma Leeser

6. DATE OF BIRTH (month, day, year) 12/25/79

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	53	11 01	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER

13. NAME Adolph Leeser

14. BIRTHPLACE (city or town) (State or country) Bremen Germany

MOTHER

15. MAIDEN NAME Frieda Liebeak

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Ridge Date Dec 10 1933

19. UNDERTAKER Wm. J. Tuxford & Son

(Address) 1 North Paca Ave

20. FILED DEC 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1933 to Dec 8, 1933

I last saw him alive on Dec 8, 1933 Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
THROMBOPENIC PURPURA	Nov. 30 1933
Other contributory causes of importance:	
HEMORRHAGES, Multiple	Nov. 30 1933

Name of operation None Date of .....

What test confirmed diagnosis? Platelet Count Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 .....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Padget M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96086

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96086

CERTIFICATE OF DEATH

157-003

Registered No. 28:01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 Howard Park Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Collins Heath

(a) Residence: No. 300 Howard Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 20 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George H. Heath

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Louise B. Bedrick

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Geo. H. Heath

(Address) 300 Howard Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 9 33

19. UNDERTAKER Wm. Tuckner Sons

(Address) North & Fremont Sts

Hunter Williams Co

9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1933 to Dec. 8 1933

I last saw him alive on Dec. 1 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Congenital Cardiac Defect — Date of onset Birth

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Schreiber, M. D.

(Address) 545 Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96087

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96087

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Southway St., 12-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Henry Muir

(a) Residence: No. 302 Southway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: May Bennett Muir

6. DATE OF BIRTH (month, day, year): July 18, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Major General Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U. S. Army

10. Date deceased last worked at this occupation (month and year): 1924

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Monroe Michigan

FATHER

13. NAME: James Muir

14. BIRTHPLACE (city or town) (State or country): Hagerstown Maryland

MOTHER

15. MAIDEN NAME: Lydia Gould

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. May Bennett Muir

(Address): 302 Southway

18. BURIAL, CREMATION, OR REMOVAL

Place: Arlington, Va. Date: Dec 11, 1933

19. UNDERTAKER: Wm. J. Tickner & Son

(Address): Wash'g'n D. C.

9-1933 Huntington Williams Funeral Dir.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1933, to Dec 8, 1933

I last saw him alive on Dec 8, 1933. Death is said to have occurred on the date stated above, at 5:15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. D. R. Pruett M. D.

(Address) 437 C. C. Bldg.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 96088

96088

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 605 N Augusta ST., 16-01 WARD) Husky

2-FULL NAME Mrs. Mary C

(a) RESIDENCE NO. 605 N. Augusta ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Daniel Flusky

6 DATE OF BIRTH (month, day, and year) Feb. 8. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	62	9	29	

8 OCCUPATION OF DECEASED
(a) Trade, professinn or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) /
(c) Name of employer /

9 BIRTHPLACE (city or town) Baltimore Md
(State or country) _____

PARENTS
10 NAME OF FATHER Peter Finke
11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)
12 MAIDEN NAME OF MOTHER Wilmedia Walters
13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs. Crypp
(Address) 606 W Franklin St

15 Filed 9 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7/33

17 I HEREBY CERTIFY, That I attended deceased from 11 1931 to 12/7 1933
that I last saw h.. alive on 12/7 1933
and that death occurred, on the date stated above, at 6 30P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardio-vascular renal disease

(duration) ? yrs. _____ mos _____ ds.

CONTRIBUTORY
(Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? Exam
(Signed) Thos. E. Stacy Jr. M. D.
. 19 (Address) 1012 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Dec 11 1933

20 UNDERTAKER Howard J Finke ADDRESS 1811 Madison Blvd

Spec.—1-12-23—M&T—500 Blks.

E 96089 ✓ E 96089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 3724 Gough Street (ST.) (26-01) (WARD)

2-FULL NAME Mary Elizabeth Eckes

(a) RESIDENCE NO. 3724 Gough Street ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John F. Eckes

6 DATE OF BIRTH (month, day, and year) Aug. 31, 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... mins.
	50	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Goldbeck

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Fladung

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant John F. Eckes
(Address) 3724 Gough Street

15 FILED 9-[illegible]-1933 , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7/1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1933 to Dec 7, 1933

that I last saw her alive on Dec 7, 1933

and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Hypertension Cardio-vascular Renal Disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemmhage

(duration) ..... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Chas W. Edmunds M. D.

, 19 (Address) 3746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem.

DATE OF BURIAL Dec. 11 1933

20 UNDERTAKER George J. Ruth Inc

ADDRESS 1735 Harford Ave

M. D. R. 1268-9

E 96090

HEALTH DEPARTMENT—CITY OF BALTIMORE

96090

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 W. Lombard St. 18-01 Ward)

Length of residence in city or town where death occurred 59 yrs. 10 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen C. Fisher

(a) Residence: No. 1115 W. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Fisher

6. DATE OF BIRTH (month, day, year) Jan 23rd 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel L. Wolstrum

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Amelia Shuck

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr Joseph F. Fisher

(Address) 1115 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 12/11/ 1933

19. UNDERTAKER John J. Crawford Sons

(Address) 501 Hollins St

Dec 9 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7/ 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to Dec 7, 1933

I last saw h w alive on Dec 7, 1933 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	June 1, 33
Other contributory causes of importance:	
Cerebral Hemorrhage (Embolism)	2 Days

Name of operation None Date of —

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in Also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

12/ (Signed) Chas Norris M. D.

18/32 (Address) 888 W Lombard St

M. D. B. 1268-9

✓ E 960091

960091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 So Schroeder St., 18-01 Ward)

Length of residence in city or town where death occurred 41 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel F. Hagan

(a) Residence: No. 127 So Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 15th 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bell maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Hagan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Morris

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary E Mooney

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 12/11 1933

19. UNDERTAKER Joseph Leonard Sons

(Address) 409 Hollins St

Huntington Williams, M.D.

Registrar.

9-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8/ 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/4/33 19 ... to 12/8/33 19 ...

I last saw h... alive on 12/8/33 19 ... Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	4 days
Other contributory causes of importance: Gastric ulcer (Perforated)	4 days
(History, exposure, etc.)	

Name of operation Repair of perforation Date of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J Seng M. D.

(Address) 910 W. Lombard

M. D. B. 1268-9

E 960992

960992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Bush St. 21-01 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. Conway

(a) Residence: No. 1519 Bush St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Emma M Conway

6. DATE OF BIRTH (month, day, year) Unknown 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Michael Conway

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Michael Conway Jr.

(Address) 1519 Bush St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 12/11/, 1933

19. UNDERTAKER John F Cascar & Son

(Address) 701 Fulton St

20. FILED 13 1933 Washington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7/, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15 1933 to Dec 7 1933

I last saw him alive on Dec 7 1933 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	7/15/33
Other contributory causes of importance:	
Arterio Sclerosis	1932

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maoneill M. D.

(Address) 108 N. Fulton Ave

M. D. P. 1268-9

E 96093

HEALTH DEPARTMENT—CITY OF BALTIMORE

96093

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 25-01 Wilkens & Caton Ave St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Berkley J. O'Malley

(a) Residence: No. Elkridge, Md. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosemary O'Malley

6. DATE OF BIRTH (month, day, year) March 6th 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Louis, Md.

FATHER

13. NAME Joseph G. O'Malley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Trainor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Rosemary O'Malley
(Address) Elkridge, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Augustine Cem Elk Ridge Md Date 12/11/33

19. UNDERTAKER John J Cowan & Son
(Address) 1101 Hollins St

Huntington Williams, M. D.

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8/1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1933, to Dec 7, 1933

I last saw him alive on 12/7/33, and Death is said to have occurred on the date stated above, at 1.40 Am.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 11/2/33

Medical History

Other contributory causes of importance: —

Terminal Broncho-pneumonia

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 .

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John C. Dresher, M. D.

(Address) St Agnes Hospital

M. D. B. 1268-0

E 96094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

E 96094

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 2200 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 38 yrs. ... mos. ... da.

2. FULL NAME Martin Wynne

(a) Residence: No. 9 N. Bentalou St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ Mary Wynne

6. DATE OF BIRTH (month, day, year) Nov 11 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ob

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Peter Wynne

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Clark

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary Wynne
(Address) 9 N Bentalou St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 12/11 1933

19. UNDERTAKER Geo A Tuley
(Address) Luther & Fayette Sts

20. FILED ... Registrar.
DEC 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-3-33, 19... to 12-8-33, 19...

I last saw him alive on 12-8-33, 19... Death is said to have occurred on the date stated above, at 1:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	
Ruptured Appendix	

Other contributory causes of importance:

Name of operation Appendectomy Date of 12-3-33

What test confirmed diagnosis? Opsd. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert H. Allison, M. D.

(Address) Bon Secours Hospital

Instructions on back of certificate.

M. D. B. 1268-9

(Erric) ✓ E 96095

HEALTH DEPARTMENT—CITY OF BALTIMORE

96095

CERTIFICATE OF DEATH

136-001

Registered No. .....

1. PLACE OF DEATH Mercy Hospital St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Erwin

(a) Residence: No. 671 W. Fremble St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	married

3a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret Erwin

6. DATE OF BIRTH (month, day, year) 5/7/1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. steward on

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. boat ships 186

10. Date deceased last worked at this occupation (month and year) 10/2/33. | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Lawrence Erwin

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Joanna West

16. BIRTHPLACE (city or town) (State or country) Scotland Orge

17. INFORMANT Self.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery 10/9 1933

19. UNDERTAKER Geo. A. Farley
(Address) 1 Preston Apts Huntington Indiana, Ind.

20. 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/3/33 19... to 12/8/33 19... I last saw him alive on 12/8/33 at 1 30 P. m. 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stricture of Prostatic Urethra Chronic Cystitis	?
Other contributory causes of importance: Infection in form of Malignant	11/5/33

Name of operation Suprapubic cystotomy Date of 10/31/33

What test confirmed diagnosis? Section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Shufeldt M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

96096

CERTIFICATE OF DEATH

46 E 96096

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1452 William St. 24-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William L. Wyson

(a) Residence: No. 1452 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate (Bush) Wyson

6. DATE OF BIRTH (month, day, year) May 25, 1865

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
68.	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Cream Plant
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Wyson
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Wm L. Wyson
(Address) 1452 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec 9, 1933

19. UNDERTAKER Fred A. Krauss & Son
(Address) 202-204 Fremont St.

FILED 1933 ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Dec 6, 1933
I last saw h... alive on Dec 5, 1933 death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bowel	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. E. Sweetser, M. D.
(Address) 610 Light St

M. D. P. 1268-0

E 96097

96097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 N. Fremont St. 7th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph A. Mannetta

(a) Residence: No. 10 N. Fremont St., 8th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lilly Mannetta

6. DATE OF BIRTH (month, day, year): 2-5-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R R Co's

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: James Mannetta

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Ethel M. Norton

(Address): 10 N Fremont St

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date Dec 11. 1933

19. UNDERTAKER: Leonard J. Rucker

(Address): 5303 Harford Rd.

Huntington Williamsport Md

FILED DEC 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-7-1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1933 to Dec 7 1933

Last saw h. alive on Dec 7 1933. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Aug 33
Other contributory causes of importance: Cachexia	Nov 33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kelly M.D.

(Address) 2027 W Franklin St

M. D. B. 1268-9

✓ E 96098

HEALTH DEPARTMENT—CITY OF BALTIMORE

96098

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 S. Dallas St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walenty Parko.

(a) Residence: No. 515 S. Dallas St. St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julianna Parko.

6. DATE OF BIRTH (month, day, year) Unk

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Parko

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rosie Mik

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Julianna Parko.
(Address) 515 S. Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Dec. 11. 1933

19. UNDERTAKER T. V. Orzechowski
(Address) 1988 E. Eastern Ave

9-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8. 1933

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1933 to December 8, 1933

I last saw h[illegible] alive on December 7, 1933 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary (Pt. hemoptysis)	
(b) Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Chmurowski M. D.

12/8/33 (Address) 2079 Eastern Ave.

M. D. B. 1268-B

E 960999

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 960999

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. 20-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clifton S. Keirle.

(a) Residence: No. 3048 Stafford St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William E Keirle.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ruth E. Arnold.

16. BIRTHPLACE (city or town) (State or country) Brooklyn, Md.

17. INFORMANT Ruth E. Keirle. (mother)
(Address) 3048 Stafford St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date Dec. 9th. 1933

19. UNDERTAKER Charles J. Schwab
(Address) [illegible]

9 DEC 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 4.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia.	
unknown.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt M. D.
Coroner

12/8/33 (Address) 1017 E. Charles St.

M. D. P. 1268-9

E 96100

96100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Brohawn Ave St. 25-01 Ward)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christina Volland

(a) Residence: No. 2413 Brohawn Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ferdinand Volland

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schwerbert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wm. Fred Volland

(Address) 2413 Brohawn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12-9 1933

19. UNDERTAKER F. S. Matthews & Sons

(Address) 300 Eutaw Place

Huntington Williams, M.D. Registrar.

Dec 9 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1933. to Dec 6 1933

I last saw h.. alive on Dec 6 1933 Death is said to have occurred on the date stated above, at 2.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec
Other contributory causes of importance: Renal Abscess	?
	1

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo. A. Hartman M. D.

(Address) 5307 Fulton Ave

VACCINATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96301

E 96301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp (St.) 23-21 (Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Shoebring

(a) Residence: No. 122 W Randall St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Shoebring (dead)

6. DATE OF BIRTH (month, day, year) Dec. 3 1856

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 12/11 19[illegible]

19. UNDERTAKER J. Frew McCarthy
(Address) 1302 Frot.

20. FILED ..... 19[illegible] [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1933 to Dec 8 1933

I last saw h[illegible] alive on Dec 8 1933 Death is said to have occurred on the date stated above, at 7:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, hypertension	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. P. Magill M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9 E 96102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96102

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Mckean

(a) Residence: No. 145 Eastern Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E ~~Mckean~~ Mar 6 1883

6. DATE OF BIRTH (month, day, year) Dec 6

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba Md

FATHER

13. NAME Jose Jackson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susan R Upperton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lauretta M Beason

(Address) 104 Linwood Rd Lansdale

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Dec 11 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

Filed Dec 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute dilatation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D. Coroner

(Address) 100 N Paca St Balto

M. D. B. 1268-9

E 96103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96103

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 505 Hilldrop Rd (Street) (Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Ernest Haynes

(a) Residence: No. 505 Hilldrop Rd Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Katherine Haynes

6. DATE OF BIRTH (month, day, year): Aug 2, 1873

7. AGE: Years 60 | Months 4 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stage Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 086

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Ga.

FATHER

13. NAME: Harry Haynes

14. BIRTHPLACE (city or town) (State or country): Ga.

MOTHER

15. MAIDEN NAME: Alva Stokes

16. BIRTHPLACE (city or town) (State or country): Ga

17. INFORMANT: W. Flanigan Son

(Address) 505 Hilldrop Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Dec 11th 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 E. Pratt St

... 19 ... Registrar.

DEC 10 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to Dec 8, 1933

I last saw him alive on Dec 8, 1933. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	June 1 1933
Other contributory causes of importance: Chronic Arterial Hypertension	2

Name of operation: — Date of: ...

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury: — 19 —

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) L. A. Lasky M. D.

(Address) 351 E Edmondson Ave

M. D. B. 1268-8 E 96104 E 96104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 Aisquith St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie A. Daugheeery (Daugherty)

(a) Residence: No. 2303 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julius R. Daugherty

6. DATE OF BIRTH (month, day, year) Sep 23/1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littlestown, Pa

FATHER

13. NAME Adam Ruppert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Byer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Julius R. Daugherty
(Address) 2303 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Dec 11 1933

19. UNDERTAKER Wm Cook
(Address) [illegible]

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal disease.	1 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] Coroner . M. D.

(Address) 506 E Fort Ave

M. D. B. 1268-B

E 96105

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96105

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Webster St. 24th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lura S Weitzell

(a) Residence: No. 1627 Webster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18th 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm H. Weitzell

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lura S. West

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm H. Weitzell
(Address) 1627 Webster St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 11th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1933 to Dec 9 1933

I last saw h[illegible] alive on Dec 7 1933 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2020 N. Charles St

M. D. B. 1268-B

E 96106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96106

53

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 5-61 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Leonard
(a) Residence: No. 219 N. High St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 6, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry N. Leonard

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ida George

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 12 19 33

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1933, to December 8, 1933
I last saw him alive on Dec. 8, 1933 Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	3 Yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Balt. City Hosp.

AACo. 5-31 2500

E 96107 E 96107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2011 Frankford Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Greensfelder

(a) Residence: No. 2011 Frankford Ave. St., ... Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Greensfelder

6. DATE OF BIRTH (month, day, year) Mar. 7, 1857

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
✓	76	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ok

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Martin Greensfelder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry G. Greensfelder
(Address) 2011 Frankford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Cem. Date Dec. 11 1933

19. UNDERTAKER Frederick Lassahn Son
(Address) 7401 Belair Road

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Dec 8, 1933

I last saw him alive on Dec 8, 1933 death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Dec 4
Acute Bronchitis	Dec 1

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? Exp. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. G. Lowe M. D.

(Address) 5305 Harford Rd

M. D. B. 1268-B E 96308

E 96308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3805 Belle Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Edith Katz

(a) Residence: No. 3805 Belle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph G Katz

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Hirsh Hoffman

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Esther Rosenberg

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Emanuel Katz

(Address) 3805 Belle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Israel Date Dec 10. 1933

19. UNDERTAKER: L Levinson Bro

(Address) 1117 E Baltimore St

20. FILED DEC 10 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9, 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to 12/9, 1933

I last saw her alive on 12/2, 1933. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	Aug 1930
Other contributory causes of importance:	
Synalgist Carcinomatosis	

Name of operation: Date of

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L A Filmer, M. D.

(Address) 3704 Lib. Hgts Ave.

M. D. B. 1264-8

E 96409

E 96409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Mary Lissman

(a) Residence: No. 760 E Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Peter Lissman

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Watson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Central Office

(Address) Mercy Hospital Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cashel Date 12/12/33 19

19. UNDERTAKER E. A. Fahrenholz

(Address) 1318 Eastern Ave

20. FILED DEC 12 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1933 to Dec. 9 1933

I last saw her alive on Dec. 8 1933. Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	?

Other contributory causes of importance:

Name of operation Total Hysterectomy Date of 10-7-33

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. W. Buttenwieser M. D.

(Address) Mercy Hospital Balto Md

M. D. B. 1268-9 E 96110

Fred D. Nickens

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96110

24

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 McMechen St. 14-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred D. Nickens.

(a) Residence: No. 531 McMechen St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Fred D. Nickens

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah White

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sarah Nickens

(Address) 531 McMechen

18. BURIAL, CREMATION, OR REMOVAL.

Place Druid Date 12/10/33 19

19. UNDERTAKER Geo. E. Zell & Son

(Address) 2121 Druid Hill Ave

20. FILED Dec 10 1933 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 33

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 19 33 to Dec 8 19 33

I last saw h alive on Dec 6 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Meningitis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek Coroner, M. D.

(Address)

Spec—9-30—A. & Co.—250 Blks.

E 96111 E 96111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 Myrtle ave ST. 17-C WARD)

2. FULL NAME Joseph Wallace Jr

(a) RESIDENCE NO. 330 Myrtle ave ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wallace

6 DATE OF BIRTH (month, day, and year) Jan 30 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Common Labor

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jno. Wallace sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Harriet Mathews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Etta Wallace
(Address) 330 Myrtle ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7/33

17 I HEREBY CERTIFY, That I attended deceased from June 8 . 1933 to Dec. 7 . 1933

that I last saw h[illegible] alive on Dec. 6 . 1933

and that death occurred, on the date stated above, at 12:35a m.

The CAUSE OF DEATH* was as follows:

Paralysis
(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Fontaine M. D.

12/8 1933 (Address) 612 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL 12/10/1933

20 UNDERTAKER Mrs. Ks. H. Holland — ADDRESS 1631 Druid Hill

M. D. B. 1268-9

E 96112

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96112

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 4-0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora Jones

(a) Residence: No. 636 Arch St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry L Jones

6. DATE OF BIRTH (month, day, year) May 9, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Boon

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Christina Gibson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Friends
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetery Date Dec 10, 1933

19. UNDERTAKER Ernest Peel
(Address) 105 W Hamilton st

20. FILED DEC 10 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1933 to Dec 7, 1933

I last saw her alive on Dec 7, 1933 Death is said to have occurred on the date stated above, at 6.45 A.m.

The prinripal rause of death and related causes of importance were as follows:

	Date of onset
Endocarditis rheumatic	
& mitral stenosis & insufficiency	?

Other rontributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external rausea (violence) fill in also the following:
Accident, suiride, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. R. Mazzei, M. D.

(Address) Balt City Hosp

M. D. B. 1268-9 E 96113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96113

47

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 614 Wyeth St., 22 Ward)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Brown

(a) Residence: No. 614 Wyeth St., 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. ~~Single, Married, Widowed, or Divorced (write the word)~~: Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Mary E. Brown

6. DATE OF BIRTH (month, day, year): Nov 5 1874

7. AGE: Years 58 | Months 1 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Autopsia Institute.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 47

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Geo W. Brown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Talbot

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mary Brown
(Address) 614 Wyeth St

18. BURIAL, CREMATION, OR REMOVAL: 12/11/33
Place: Mt Olivet Date

19. UNDERTAKER: Geo H. Lemmert
(Address) 52 S. Eutaw St

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933, to Dec 8, 1933

I last saw him alive on Dec 8, 1933. Death is said to have occurred on the date stated above, at 3.45 p. m.

The principal cause of death and related causes of importance were as follows:

Sarcomatosis of Larynx — Date of onset June 1933

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Conley Lord, M. D.

(Address) 724 Washington Blvd

M. D. B. 1268-9

E 96114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96114

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3816 Fenhill ave St. 15-01 (Ward)

Length of residence in city or town where death occurred 44 yrs. mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Grendelson

(a) Residence: No. 3816 Fenhill ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ellen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Levit

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Friedman 3816 Fenhill Ave
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL Date 12/10/33
By Hebrew Friendly

19. UNDERTAKER Levin & Levin Co
(Address) 1430 E. Baltimore St

20. FILED Dec 11 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4 19 33 to December 9 19 33
I last saw him alive on Dec. 9 19 33 3 40 P m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Dec 4/33

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isidore Levin M. D.

(Address) 1324 Eutaw Place

M. D. B. 12[illegible] E 96115

E 96115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

1. PLACE OF DEATH West Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lanvale & Dukeland Sts. 15 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 11 yrs. ... mos. ... ds.

2. FULL NAME Henry Hart

(a) Residence: No. 1910 N. Bentalou St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jew Food Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Berel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Cem. Date 12/10/33 19

19. UNDERTAKER Jack Levin Inc.
(Address) 1439 E. Balto St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1933, to December 9, 1933

I last saw h[illegible] alive on December 9, 1933 Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Stomach	? 1932
2. Laparotomy	12/8/33

Other contributory causes of importance:

Name of operation Abdominal Laparotomy Date of 12/8/33

What test confirmed diagnosis? Was there an autopsy? No

20. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jean G. Longen M. D.

(Address) West Baltimore Gen. Hosp.

E 96116 ✓ E 96116

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2531 Brookfield Ave St. 43-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ?/ yrs. ..... mos. ..... ds.

2. FULL NAME Dr Emanuel Rohmon

(a) Residence: No. 2531 Brookfield Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) Oct 25 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	62	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rebrand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0 ¼

12 BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ruben

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address) same

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 12/10/33 19

19. UNDERTAKER Jack Levin Inc
(Address) 1434 E. Balto St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Dec 10, 1933

I last saw h.im alive on Dec 10, 1933. Death is said to have occurred on the date stated above, at 2:00 A m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Acute Pulmonary Edema	Dec 10-33
with myocardial failure	
Other contributory causes of importanre:	
Cerebral Arteriosclerosis	?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify .....

(Signed) J. A. Feman M. D.

(Address) 3503 Edmondson Ave

AaCo. 5-31 250B E 96117

HEALTH DEPARTMENT CITY OF BALTIMORE

E 96117

23

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Woodington Rd Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence May Berney

(a) Residence: No. 808 Woodington Rd
(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas A. Berney

6. DATE OF BIRTH (month, day, year) May 7, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	67	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret A. McNeil

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Carrie Miller (sister)
(Address) 930 Rutledge Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cath. Cem. Date 12/11/33

19. UNDERTAKER Fred. J. Grimm & Son
(Address) 163 Lanvale St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1933.

22. I HEREBY CERTIFY, That I attended deceased from September, 1933, to Dec. 8, 1933
I last saw her alive on Dec 7, 1933 death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	11-1-33
Fibroid phthisis of 20 yrs- duration	

Other contributory causes of importance

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) E. T. Brackbill M. D.

(Address) 2104 St. Paul St.

M. D. B. 1200-0 E 96118 ✓ E 96118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

(Registered No.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 W. Eager Street St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 17 ds. How long in U. S. If of foreign birth 60 yrs. 11 mos. 17 ds.

2. FULL NAME William Chase Orem

(a) Residence: No. 104 W. Eager Street. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline S. Orem

6. DATE OF BIRTH (month, day, year) December-21-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) About-May-33

11. Total time (years) spent in this occupation 4 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Morris Orem

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Helen E. West

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Caroline T. Orem (wife)
(Address) 104 W. Eager Street

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Dec/11/33 19

19. UNDERTAKER Stewart & Mowen Company.
(Address) 108-W-North Avenue

20. FILED DEC 13 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec-5 1933 to Dec 8 1933

I last saw h[illegible] alive on Dec 8 1933. Death is said to have occurred on the date stated above, at 10-05 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, cardiac hypertrophy	[illegible]
Acute Cardiac Dilatation—	[illegible]
Acute Bronchial Pneumonia	[illegible]

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry McGarty M. D.

(Address) 37 W. Preston St.

M. D. B. 1268-B E 96119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96119

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 Ten Oaks 27-01 Ward)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 76 yrs. 2 mos. 12 ds.

2. FULL NAME EVVIE RIGGS MACGILL

(a) Residence: No. 2420 Ten Oaks Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Robt. S. Macgill

6. DATE OF BIRTH (month, day, year) Sept. 27-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	76	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

FATHER

13. NAME Dr. Lloyd T. Macgill

14. BIRTHPLACE (city or town) (State or country) Frederick Maryland

MOTHER

15. MAIDEN NAME Rachael Riggs

16. BIRTHPLACE (city or town) (State or country) Frederick Maryland

17. INFORMANT Lloyd T. Macgill (son)
(Address) 2420 Ten Oaks Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Dec-11 1933

19. UNDERTAKER Stewart Memorial Company
(Address) 1018 Madison Ave.

20. FILED DEC 12 1933 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1933 to Dec 9 1933

I last saw h.. alive on Dec 9 1933 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	?

Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓

What (est confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jefferson Brack, M. D.

(Address) 3 Chase St

M. D. B. 1269-2 E 96120 E 96120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St., 14-1 Ward)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 80 yrs. 3 mos. 26 ds.

2. FULL NAME Col. Victor Horace Bridgman

(a) Residence: No. Marlborough Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edal Bridgman

6. DATE OF BIRTH (month, day, year) May 14 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired U.S. Army Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shardwich Vermont

FATHER

13. NAME John Bridgman

14. BIRTHPLACE (city or town) (State or country) Shardwich Vermont

MOTHER

15. MAIDEN NAME Ann Vinient

16. BIRTHPLACE (city or town) (State or country) Walden Vermont

17. INFORMANT Dr. E. W. Bridgman son

(Address) 11 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cremated Date Dec 10 1933

19. UNDERTAKER Eberwein Mortuary Co.

(Address) 1024 N. Howard St.

Huntington Williams, Registrar.

9. FILED Dec 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec - 9 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1933 to Dec 10 1933

I last saw h[illegible] alive on Dec 9 1933. Death is said to have occurred on the date stated above, at 7 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of neck of left femur	Dec 7 '33
Other contributory causes of importance:	
Pneumonia, hypostatic	Dec 7 '33

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 7. 1933

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell on floor

Nature of injury Fracture of neck of left femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Hammond Jr. M. D.

(Address) U.S. Marine Hospital, Balto. Md.

M. D. B. 1263-9

E 96121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96121

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Cooper

(a) Residence: No. 935 Druid Hill Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 17, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Short-order cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Ben Cooper

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lizzie Shields

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rocky Mt. Va. Date Dec. 10-33

19. UNDERTAKER E. Guy O. Wilson

(Address) 1004 Pentley ave

DEC 10 1933

(Signed) .....

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1933 to Dec. 8, 1933

I last saw him alive on Dec. 8, 1933. Death is said to have occurred on the date stated above, at 9 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Bronchopneumonia	Nov 29 '33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) Md. Gen. Hospital

M. D. B. 1268-B

E 96122 ✓ E 96122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

* 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp. St., 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Carrie Dashiell

(a) Residence: No. 305 Penna George St., St., Laurel, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Benjamin Dashiell

6. DATE OF BIRTH (month, day, year) Dec. 28, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Maryland

FATHER

13. NAME George W. Dontell

14. BIRTHPLACE (city or town) (State or country) Baltimore Co., Maryland

MOTHER

15. MAIDEN NAME Frances Jane Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Co., Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel, Md. Date 12/13 ... 1933

19. UNDERTAKER E. Hutt Smallwood
(Address) Laurel, Md.

20. FILED ... 19... by ... Registrar.

12/13/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1933 to Dec. 10, 1933

I last saw h.. alive on Dec. 10, 1933. Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Right Leg	Nov. 23, '33
Varicose Veins	1903
Varicose Ulcers	1904

Other contributory causes of importance:

Bronchopneumonia	Dec. 5, '33

Name of operation: Incision + Drainage of Cellulitis Date of: Nov. 30, '33

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ... M. D.

(Address) Md. Gen. Hospital

M. D. B. 1268-9

E 96123 ✓ E 96123

279713 × 53

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen Frost

(a) Residence: No. Long Bottom St., ... Ward. Ohio (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle

6. DATE OF BIRTH (month, day, year) 2-7-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	10	~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Lester Frost

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Nancy Howard

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Upper Paint Ohio Date 12-10- 1933

19. UNDERTAKER Jack Reinze, Inc. (Address) 1439 E. Baltimore St.

20. FILED DEC 10 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-9 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1933 to Dec 9 1933

I last saw h[illegible] alive on Dec 9 1933 Death is said to have occurred on the date stated above, at 830 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor malignant	June 1933

Other contributory causes of importance:

Name of operation Rt. Cranio Tomy Date of 12-9-33

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in, also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul A. Rinkel M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-a

E 96124

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96124

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-N Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward L. Collins

(a) Residence: No. 1111 Brown Ave. Norfolk, Va. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Collins

6. DATE OF BIRTH (month, day, year) July 2, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	4 5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Ret'd Asst. Supt. 07 ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME ? Collins

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Evans

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. E. L. Collins
(Address) 1111 Brown Ave. Norfolk, Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Lincoln Date Dec 11, 1933

19. UNDERTAKER J. T. Dickerson & Son
(Address) 1 E. Baltimore St.

20. FILED Dec 11, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6-1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	12/6/33
Other contributory causes of importance:	
Acute alcoholism	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-6-1933

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell down.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 23 ... St.

M. D. B. 1268-9 E 96125 E 96125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 120

1. PLACE OF DEATH West Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Fayette & Dukeland Sts. (Ward) 15

Length of residence in city or town where death occurred 76 yrs. 11 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Catherine Powell

(a) Residence: No. 1923 W. North Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24 1856

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	76	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Powell

14. BIRTHPLACE (city or town) (State or country) Fredk. Md.

MOTHER

15. MAIDEN NAME Julianne Darth

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Miss Bessie Klinesmith

(Address) 1923 W. North Ave. Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 12 1933

19. UNDERTAKER Wm. Fletcher Sons

(Address) Baltimore, Md.

20. FILED DEC 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1933 to December 10, 1933

I last saw her alive on December 10, 1933 Death is said to have occurred on the date stated above, at 1:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Ulcerative Colitis	11/22/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Ackman M. D.

(Address) West Baltimore General Hosp.

M. D. B. 1268-a E 96126 E 96126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 N.Collington Avenue St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Babette Rohmer

(a) Residence: No. 1820 N.Collington Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Rohmer

6. DATE OF BIRTH (month, day, year) Oct.14.1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John Rohmer
(Address) 1820 N.Collington Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place 1st Un.Evang.Cem Date 12-12- 1933

19. UNDERTAKER
(Address) 1606 N.Chester Street

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9 1933

22. I HEREBY CERTIFY, That I attended deceased from December 20 1931 to December 9 1933

I last saw h[illegible] alive on December 8 1933. Death is said to have occurred on the date stated above, at 630A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	3 years
Gang. Tuberculosis Pulmonis	30
Generalized Arteriosclerosis	
Other contributory causes of importance: Diabetic Coma	1 day

Name of operation Thyroidectomy Date of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert Ackenbach M. D.

(Address) 2005 E. North Ave.

M. D. B. 12-49 E 96127 E 96127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

156-001

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 21-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Donald Gowl
(a) Residence: No. 918 Ridgely St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER
13. NAME Hubert Gowl
14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER
15. MAIDEN NAME Kondener
16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Hubert Gowl
(Address) 918 Ridgely

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Cem. Date Dec 11, 193

19. UNDERTAKER Chas. B Kuchaushas
(Address) 637 South Paca St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8/, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1933 to Dec. 8, 1933
I last saw him alive on Dec. 8, 1933 Death is said to have occurred on the date stated above, at 6:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurative arthritis left hip joint	Nov 24/33

Other contributory causes of importance:
Toxemia
Septicemia

Name of operation None Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) Millard H. Spreche M. D.
(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 165 L 96128

1. PLACE OF DEATH Rear 1227 S Clinton St. Ward) 26-01

CITY OF BALTIMORE: (No. 1227 S Clinton 60

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ignatius Poniatowski

(a) Residence: No. 1227 S. Clinton Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of Late Josephine Poniatowski

6. DATE OF BIRTH (month, day, year) April, 1859

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
73	74	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT James Poniatowski (Son)
(Address) 923 South Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date Dec 11th 1933

19. UNDERTAKER George A. Weber
(Address) 725 Lonn Street

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec, 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

Strangulation by Hanging
Suicide

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? Suicide Date of Injury 12/8, 1933

Where did injury occur? 1227 S Clinton
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place Home

Manner of injury Hanging

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) ... M. D.

(Address) 1002 Patterson Park Ave

M. D. B. E 96129

E 96129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 601 N. Carrollton St., 16-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where deceased yrs. mos. ds. if not in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marietta Stewart

(a) Residence: No. 601 N Carrollton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: [illegible] Stewart

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nonwork
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto md

FATHER

13. NAME: Jas Taylor
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Elizabeth Lynch
16. BIRTHPLACE (city or town) (State or country): Frederick Md

17. INFORMANT: Olga Stewart
(Address): 601 N. Carrollton

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Lebanon Date 12/11/33

19. UNDERTAKER: Samuel Feinstein
(Address): 1007 Eastern Ave

20. FILED 12-11-33 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 8 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above at [illegible] m.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage Sudden

Other contributory causes of importance:

Name of operation: [illegible] Date of [illegible]

What test confirmed diagnosis: [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

M. B. B. 1289 E 96130

E 96130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) W. Baltimore St. 4-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Clayton

(a) Residence: No. 761 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Clayton

6. DATE OF BIRTH (month, day, year) May 18 1896

7. AGE: Years 37, Months 6, Days 27, If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Accomac Co Va

FATHER

13. NAME Geo W. Clayton
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Mary Doering
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Clayton
(Address) 761 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lion Date Dec. 11. 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Gilmor St

11 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 Dec 7 19 33. Death is said

I last saw h alive on to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance is as follows:

Mitral Stenosis
Sudden

Date of onset

Other contributory causes of importance:

Name of operation Regular Date of no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leek M. D.
Coroner

(Address)

AACo. 5-H 2508 E 96131 E 96131

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 W. Lexington St., 19-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Canada

(a) Residence: No. 1706 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Canada

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76 yr	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) 2 yrs ago

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME OF FATHER Thomas Canada

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME OF MOTHER Julia Canada

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Elizabeth White
(Address) 1706 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Dec 11, 1933

19. UNDERTAKER Mrs Katie R. Williams
(Address)

20. FILED DEC 11 1933 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8/1933

22. I HEREBY CERTIFY, That I attended deceased from 12/6/1933 to 12/8/1933

I last saw him alive on 12/8/1933, death is said to have occurred on the date stated above, at 2:10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12/6/33

Other contributory causes of importance: Bil. acute Pyelonephritis

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Bonfoy M. D.
(Address) 519 N Carrollton ave.

M. D. B. 1268-0

E 96132 E 96132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 181

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St. 18-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Young.

(a) Residence: No. 1032 Booth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 22-1932

7. AGE Years 1 Months 1 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Leo Young

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Agnes Holbrook

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Leo Young
(Address) 1032 Booth St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 12/11 1933

19. UNDERTAKER Mrs Kate B. Williams
(Address) 322 N. Schroeder St.

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h alive on , 19 ; Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
8 Days	
Bed sores	Nov 18
Burn	
Entire body over Scald	
Clothes caught fire	

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury Nov 18 1933

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home not given

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leek M. D.
Coroner

(Address) Coroner

M. D. B. 1268-A E 96133 E 96133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

Registered No. 16-61

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1122 Woodyear St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roosdelt A Greenwood
(a) Residence: No. 1122 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	11		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta Ga

FATHER
13. NAME Jannie Greenwood
14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER
15. MAIDEN NAME Katie Keith
16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Annie Rutherford
(Address) 1632 N. Gilmor st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Dec 11 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

20. FILED 12-11-1933 Huntington Ave. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1933 to Dec 7 1933
I last saw alive on Dec 7 1933 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Roosdelt Greenwood	12/1/33
b	
c	
d	

Other contributory causes of importance: ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 19
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. A. Hateley M. D.
12/14/33 (Address) 1715 Fair Ave

M. D. B. 1268-B

E 96134 E 96134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Robert Jones

(a) Residence: No. 1526 Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Agnes Jones,

(Address) 1520 Prestman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 10 1933

19. UNDERTAKER V. A. Brooks,

(Address) 1463 N. Carey St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-5-33 . 19 ..... to 12-8-33 . 19 .....

I last saw him alive on 12-8-33 . 19 ..... Death is said to have occurred on the date stated above, at 5 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) William Clark Rose, M. D.

(Address) President Hospital

M. D. B. 1268-9

E 96135

E 96135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Dukeland St. 20-1 Ward)

Length of residence in city or town where death occurred 57 yrs. 8 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Ehatt

(a) Residence: No. 400 Fowler Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of George Ehatt

6. DATE OF BIRTH (month, day, year) Mar 24 — 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Self

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME John [redacted] Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME [redacted]

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Ehatt

(Address) 400 Fowler Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Dec 11 1933

19. UNDERTAKER Sowell & Byers

(Address) 2904 Edmondson Ave

20. FILED ... 19... Registrar

11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 2, 1933 to December 8, 1933

I last saw h[illegible] alive on December 8, 1933. Death is said to have occurred on the date stated above, at 3:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute Suppurating Cholecystitis	11/28/33
2. Rheumatic Heart Disease	?
3 Auricular Fibrillation,	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Leo A. Edwards, M. D.

(Address) West Baltimore General Hosp.

M. D. R. 12-9 E 96136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96136

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6006 Bertram Ave. St. 27-61 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret J. Hesse (Heese)

(a) Residence: No. 6006 Bertram Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Hesse

6. DATE OF BIRTH (month, day, year) Jan. 31, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

17. INFORMANT Charles Hesse
(Address) 6006 Bertram Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Dec. 12 1933

19. UNDERTAKER Frederick Lassahn & Son
(Address) 7401 Belair Road

20. FILED DEC 11 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3. 1933 to Dec. 9 1933

I last saw h[illegible] alive on Dec. 8 1933 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-3-33
(Paralysis)	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jno. J. Neylon M. D.

(Address) 216 E. Lafayette Ave.

AaCo. 5-31 250B

E 96137

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96137

CERTIFICATE OF DEATH

95-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 N. Montford Ave. St., 7 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Kolar

(a) Residence: No. 902 N. Montford Ave. St., 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Josephine

6. DATE OF BIRTH (month, day, year) Dec. 8, 1877.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Letetica Czecho-Slovakia

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Letetica Czecho-Slovakia

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Letetica Czecho-Slovakia

17. INFORMANT Mrs. Josephine Kolar.
(Address) 902 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL Dec.
Place Most Holy Redeemer cemetery Date Dec. 12, 1933.

19. UNDERTAKER August Papek
(Address) 240 S. Ashland Ave.

20. FILED Dec 11 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1933 to Dec 9, 1933

I last saw him alive on Dec. 9, 1933 death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal Disease	2 years ago
Arteriosclerosis	
Hypertension	
Other contributory causes of importance:	
General Anasarca	2 wks

Name of operation ..... Date of .....

What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent F. Kosta, M. D.

(Address) 845 N. Wolfe Street

M. D. B41269-B E 96138

E 96138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Aquila Smith

(a) Residence: No. 2914 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sarah Jane Smith

6. DATE OF BIRTH (month, day, year): Nov 7 1895

7. AGE: Years 38; Months 1; Days 2; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Con. T. & E. Co

10. Date deceased last worked at this occupation (month and year): 9/33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cal

13. NAME: Lotus D. Smith

14. BIRTHPLACE (city or town) (State or country): Vermont

15. MAIDEN NAME: Katherine —

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Sarah Jane Smith

(Address) 2914 E Madison Street

18. BURIAL, CREMATION, OR REMOVAL: Patapsco

Place Moreland Memorial Date Dec 12 . 1933

19. UNDERTAKER: August Pasek

(Address) 2460 Ashland Ave

FILED DEC 11 1933 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 7 . 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Crushing injury to abdomen	12/7/33
(b)	
(c)	
(d)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/7/33

Where did injury occur? Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell in to hopper

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Employee

(Signed) M. D.

Coroner

(Address)

M. D. B. 1268-9 Herman S. Schwartz 10 AM Laurel Funeral

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96139 E 96139 V 111-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? 2 yrs. mos. ds.

2. FULL NAME Herman S. Schwartz

(a) Residence: No. 2524 Park Heights Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Simon

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME not Known.

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 12/11/33 19

19. UNDERTAKER Jos. Lewis Sons

(Address) 1432 E. Baltimore St.

FILED DEC 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 to Dec 10, 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	
2 1/2 Days	

Other contributory causes of importance: Cystitis

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. Lewis Sons, M. D.

Coroner

(Address) 1432 E. Baltimore St.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

96140 96140 E

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St. 20 of Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Selby

(a) Residence: No. 106 S. Bouldin st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva Selby

6. DATE OF BIRTH (month, day, year) Jan. 9, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Acetylene welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethelem Steel

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George H. Selby

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sadie Oliver

16. BIRTHPLACE (city or town) .....
(State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date 11-5, 1933

19. UNDERTAKER Mrs C. Miller & Sons
(Address) 2234 Jefferson St.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1933, to Dec. 10, 1933

I last saw him alive on Dec. 10, 1933. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1932
Other contributory causes of importance:	
Genito-urinary T.B.	Sept 1933

Name of operation No Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C. Shaw, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96141

E 96141

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Esther M. D-Amario

(a) Residence: No. 601 S. Macon St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 30/35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Alford J. D-Amario

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Elma Johnson

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Alford J. D-Amario

(Address) 601 S. Macon St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 12-12, 1935

19. UNDERTAKER Mrs C. Miller & Son

(Address) 2234 W. Fayette St

FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... Death is said I last saw h... alive on ..., 19... to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Date of

Name of operation

What test confirmed diagnosis? inq. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... Coroner ..... M. D.

(Address) 508 E Preston

M. D. B. 1264 96;142 96;142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. 27-81

1. PLACE OF DEATH ~~XXXXXXXXXXXXXXX~~

CITY OF BALTIMORE: (No. St. Josephs Hospital St... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa S. V. Warner

(a) Residence: No. 5313 Elsrode Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Percy W. Warner

6. DATE OF BIRTH (month, day, year) Mar. 3, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Gegner

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Margaret Lindner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Percy W. Warner 5313 Elsrode Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Windy Hill M.E. Date Dec. 13, 1933

19. UNDERTAKER (Address) Frederick Lauenbrau 7401 Belair Road

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1.50 P.M.

The principal cause of death and related causes of importance were as follows: Cereoral Hemorrhage (Apoplexy) — Date of onset

Other contributory causes of importance: Nephritis (Hypertension)

Name of operation ... Date of ...

What test confirmed diagnosis: inqui... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... Coroner, ... M. D.

(Address) 508 E. N...

M. D. B. 1268-0 E 96143

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96143

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Campbell

(a) Residence: No. 1935 E. Biddle St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 17/1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME Farley Campbell

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Gertrude Adams

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Date 12/11/33

19. UNDERTAKER Edward Bryan

(Address) 1631 Eutaw Place, Baltimore, Md.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12.15 P. M.

The priocipal cause of death and related causes of importance were as follows:

~~Cerebral hemorrhage~~ Date of onset

Other contributory causes of importance:

Pertussis

Encephalitis-Simple

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. H. Taylor M. D.

(Address) 508 E. Monument Street

M. D. B. 1268-9 E 96144

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96144

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 N Charles St., 12-01 Ward)

Length of residence in city or town where death occurred 61 yrs. 7 mos. 1 da. How long in U. S. If of foreign birth? 61 yrs. 4 mos. 1 da.

2. FULL NAME May Caroline Henrietta Winkelmann

(a) Residence: No. 3333 N Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) May 9-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — none

10. Date deceased last worked at this occupation (month and year) — none

11. Total time (years) spent in this occupation — none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John H. Winkelmann

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Christine Krumbhaar

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT H. F. & H. S. Winkelmann (Bros)
(Address) St Paul 9338

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 12 1933

19. UNDERTAKER Stewart & Mann Co.
(Address) 108 W Mt Royal Ave.

20. FILED DEC 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1933 to Dec 10 1933

I last saw h[er] alive on Dec 10 1933. Death is said to have occurred on the date stated above, at 10 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	12/10/32
Acute Bronchitis	12/8/33
Other contributory causes of importance:	
arteriosclerosis	1925
Chronic Interstitial Nephritis	1925

Name of operation none Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Herman F. Eichelman M. D.

(Address) 6 East Biddle St

M. D. H. 1568-9

E 96145

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96145

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH West Balto. General Hospital

CITY OF BALTIMORE: (No. ..... St., 22 Ward 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Boy Smith

(a) Residence: No. Easton Ave. & 52nd St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/9/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME Walter Smith

14. BIRTHPLACE (city or town) Balto.
(State or country)

MOTHER

15. MAIDEN NAME Rose Fink

16. BIRTHPLACE (city or town) Balto.
(State or country)

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec. 11 19 33

19. UNDERTAKER Libby & Zeller Inc.
(Address) 453 Forest Park Ave

20. FILED Dec 11 1933 Walter Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 19 33

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 19 33 to Dec. 9, 19 33

I last saw h[illegible] alive on Dec. 9 19 33 Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (9 hrs old).	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John H Crumm M.D. M. D.

(Address) W. B. & H

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96146 96146 108 96146

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Seaours Hospital St., 3-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernadine Pika.

(a) Residence: No. 423 S.Dallas St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) June 15, 1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Pika.

14. BIRTHPLACE (city or town) (State or country) Mississippi.

15. MAIDEN NAME Frances Kozlowski.

16. BIRTHPLACE (city or town) (State or country) Louisiana.

INFORMANT Frances Pika.(mother)

(Address) 423 S.Dallas St.

BURIAL, CREMATION, OR REMOVAL

Place H. Memorial Cem. Date Dec 12 1933

UNDERTAKER George A Weber

(Address) 701 E. Lanvale St.

By [illegible] Registrar.

FILED 12 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ---------- 19 ---- to ---------- 19 ----

I last saw h alive on ---------- 19 ---- Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	
Other contributory causes of importance:	

Name of operation None. Date of

What test confirmed diagnosis Hospital autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ---- 19 ----

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ethel M Reinhard M. D.

(Address) 1017 E. Charles St. (Coroner)

12/11/1933

M. D. B. 1268-9

E 96147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. E 96147

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 S Carey St., 18-01 Ward)

Length of residence in city or town where death occurred 21 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Smith

(a) Residence: No. 105 S Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 3rd 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry M. Smith.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary A. Burns

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Henry M Smith
(Address) 1032 Fawn St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem Co. Date Dec 13th 19 33

19. UNDERTAKER Bernard C Haker
(Address) 1005 S Pace St

20. FILED Dec 11 19 33 [illegible] Registrar

DEC 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17 1930 to Dec. 10 1933

I last saw h[illegible] alive on Dec. 10 1933 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	7-17-30

Other contributary causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry C. Chew M. D.

(Address) 1203 W. Fayette St.

A&Co. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96148 — 94-901 — E 96148

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2516 E. Fayette St. 6-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie J. Mullin

(a) Residence: No. 2516 E. Fayette St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Mullin

7. DATE OF BIRTH (month, day, year) Jan 1867

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John Mc. Kenna

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mr. Mullin

(Address) 2516 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec. 12 1933

19. UNDERTAKER J. J. Kerr & Son

(Address) 1536 N. Eutaw ave.

20. FILED DEC 11 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 — 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 — 1933, to Dec 8 — 1933

I last saw h alive on Dec 8 1933 death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Arterial Hypertension	2 mos.
Other contributory causes of importance: Angina Pectoris, Acute Cardiac Dilatation	1 yr

Name of operation — Date of —

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Wm. G. Tyler M. D.

(Address) 156 N. Eutaw Ave.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96149

CERTIFICATE OF DEATH V 117-801 E 96149

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hanover Hosp St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 8 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer Steinecker

(a) Residence: No. 439 Millington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	~~Married~~ DIVORCED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of April 5th 1897

6. DATE OF BIRTH (month, day, year) April 5th 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Henry H. Steinecker

14. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

15. MAIDEN NAME Mary M. Selle

16. BIRTHPLACE (city or town) (State or country) Washington D. C

17. INFORMANT Mary M. Steinecker
(Address) 439 Millington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12/13/33

19. UNDERTAKER J. E. Whitacre Son
(Address) 1300 Eutaw Place

20. FILED 12/11/1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1933 to Dec 8, 1933

I last saw him alive on Dec 8, 1933. Death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis	Dec 6
Intestinal Obstruction	Dec 6

Other contributory causes of importance:

Gastric Ulcer	1931
Myocardial failure	Dec 8

Name of operation Entero-Enterostomy Date of Dec 7 '33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) R. Richard Foust M. D.

(Address) Union Mem. Hosp.

M. D. B. 1268-0

96150

HEALTH DEPARTMENT—CITY OF BALTIMORE

96150

CERTIFICATE OF DEATH

93-083

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S Smallwood St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth 66 yrs. mos. ds.

2. FULL NAME Margaret Steinfeld

(a) Residence: No. 307 S Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word)

Female | White | Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Steinfeld

6. DATE OF BIRTH (month, day, year) May 6th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Geo. Olds

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lowenwarter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. Fred Steinfeld

(Address) 307 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore City Date 12/11/33

19. UNDERTAKER J. R. Waghstiel Sons

(Address) 320 Eutaw Place

20. FILED 12-11-1933 Henrietta Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7/33

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1933 to Dec 7 1933

I last saw h alive on Dec 7 1933 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	10 days
Other contributory causes of importance: Senile Arteriosclerosis	2 yrs

Name of operation — Date of —

What test confirmed diagnosis Clinical? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kahn M. D.

(Address) 1027 N Broadway

M. D. B. 1268 E 96151 E 96151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 72-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3010 Woodbourne Ave St., 29-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Brook Groscup

(a) Residence: No. 3010 Woodbourne Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 16 - 1907

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	26	1	25 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Groscup

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ivy Miller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ivy Groscup
(Address) 3010 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12/12/33 19

19. UNDERTAKER Henry W. Meade & Son
(Address) 705 N. Calvert St.

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 9 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1933 to DEC 9 1933 19

I last saw h... alive on DEC 9 1933 19 Death is said to have occurred on the date stated above, at 1.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Interstitial Nephritis	1 yr
Other contributory causes of importance: Pulmonary Oedema	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward J. Cook M. D.

(Address) 413 Washington Ave

Spec.—9-30—A. & Co.—250 Blks.

E 96152

E 96152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Bell St. ST. 24-01 WARD)

2 FULL NAME Martin Nunninger

(a) RESIDENCE NO. 1623 Bell St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Rehmke

6 DATE OF BIRTH (month, day, and year) 11/14/73

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	-	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Sugar Refining

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alsace-Lorraine

PARENTS

10 NAME OF FATHER Nunninger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alsace-Lorraine

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alsace-Lorraine

14 Informant (Address) Mrs Anna Nunninger 1623 Bell St.

15 Filed 11 1933 Registrar Huntington Williams Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8, 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933, to Dec 8, 1933

that I last saw h in alive on Dec 8, 1933

and that death occurred, on the date stated above, at 8.20 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs.

(Signed) Sidney H. Streett M. D.

12/9, 1933 (Address) 4530 E. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn. Cem.

DATE OF BURIAL 12/11/1933.

20 UNDERTAKER D. J. Fahey & Sons

ADDRESS 1318 Light-

AACo. 5-11 250

E 96153 E 96153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Locust St. 25-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Milewski

(a) Residence: No. 1503 Locust St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE — Years | Months | Days | If LESS than 1 day, 4 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles Milewski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Tina Calabeta

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mother.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Dec 11 1933

19. UNDERTAKER ... Commissioner Health
(Address)

20. FILED ... Registrar

DEC 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1933 to 12-10-, 1933

I last saw h. alive on 12-10, 1933 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Alexander Lowry M. D.

(Address) 1516 Madison Ave.

M. D. B. 1268-9 E 96154 Salemera ✓ E 96154

HEALTH DEPARTMENT—CITY OF BALTIMORE

279627 Ped. 108

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Albert Salumera

(a) Residence: No. 744 S Tucker Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 6 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Albert Salumera

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Genevieve Mattaye

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rucalo
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lehmstr Cem Date Dec 11 1933

19. UNDERTAKER Wendell Kipp
(Address) 300 N Eden St

20. FILED Dec 11 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1933 to Dec 9, 1933

I last saw him alive on Dec 9, 1933 Death is said to have occurred on the date stated above, at 2:55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar.	Dec 4 '33
Other contributory causes of importance:	
Vascular changes.	
Mongolian Idiocy.	Dec 8 '33

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Henry D. Sutton M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-9

96155

HEALTH DEPARTMENT—CITY OF BALTIMORE

96155

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., W-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Smith

(a) Residence: No. 672 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Md

13. NAME Ellen Smith

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ellen Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Smith
(Address) 672 W Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date 12-11, 1933

19. UNDERTAKER Leigh Funeral Home
(Address) Washington & Fremont Sts.

FILED 11933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from
....., 19.... to ....., 19....
I last saw h alive on ....., 19.... Death is said to have occurred on the date stated above, at 1240 hr.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension and Nephritis	

Other contributory causes of importance: Coronary Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Lawrence Smith, M. D.
Coroner

(Address) 1 East Baltimore St

M. D. B. 1268-9

✓ E 96156

96156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 S. Curley St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Maltese Caruso

(a) Residence: No. 700 S. Curley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Paul Caruso

6. DATE OF BIRTH (month, day, year) Aug. 10th 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Maltese

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Vita Caruso

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Bartholo Caruso

(Address) 706 S. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 13, 1933

19. UNDERTAKER Frank V. Fitzsimmons

(Address) 2902 E. Baltimore St

Huntington Williams, Inc. Mgr.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8- , 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18- , 1933 to Dec 8- , 1933

I last saw her alive on Dec 8- , 1933 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage & Hypertension	1933
Myocarditis & Arteriosclerosis	1933
Pneumonia-	1933

Other contributory causes of importance:

	OW

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. J. Blackmore M. D.

(Address) 3507 Fait Ave

M. D. B. 1208-B

E 96157 Susie Stanley ✓ E 96157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Mullikin St., 6-01 Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Stanley

(a) Residence: No. 1720 Mullikin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jesse Stanley

6. DATE OF BIRTH (month, day, year): 6-19-1877

7. AGE: Years 56 | Months 11 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fredericksburg Va

MOTHER

13. NAME: Albert Bernard

FATHER

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Nelly Mullikin

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Lillian Hughes

(Address): 1720 Mullikin St

18. BURIAL, CREMATION, OR REMOVAL

Place: [illegible] Date: Dec 11 1933

19. UNDERTAKER: [illegible]

(Address): [illegible]

20. FILED: Dec 11 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1933 to Dec 7 1933

I last saw h[illegible] alive on Dec 7 1933 Death is said to have occurred on the date stated above, at 6.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 7 1933
Senility	Yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 507 Druid Park Dr

-20—M & T—100 B—50L

96158 ✓ E 96158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4229 Wickford Road ST. 27-01 WARD)

2.-FULL NAME Mary E. Carman

(a) RESIDENCE NO. 4229 Wickford Road ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Edward H. Carman

7 DATE OF BIRTH (month, day, and year) Nov. 22, 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	0	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

10 NAME OF FATHER Franklin B. Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not obtainable

12 MAIDEN NAME OF MOTHER Clarissa Buchanan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

Informant Edward H. Carman Jr.

(Address) 4229 Wickford Road

Filed 1933, 192 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema
Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Thomas, M. D., Coroner

, 19 (Address) 1192 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Atlanta, Georgia

DATE OF BURIAL 12/11 1933

ADDRESS

20 UNDERTAKER Century Memorial Corp 505 N. Calvert

Pennsylvania Railroad Escort - Edw. H. Carman Jr.

M. D. B. 1265 E 96159 ✓ E 96159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 N Linwood Ave, Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Kolb

(a) Residence: No. 738 N Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Louisa Kolb.

6. DATE OF BIRTH (month, day, year) Oct 6" 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Kolb

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Louisa Kolb

(Address) 738 N Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 11" 1933

19. UNDERTAKER Geo M. Trail & Son

(Address) 811 N Gilmor St

FILED Dec 12 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8" 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1933, to Dec 6 1933.

I last saw h[illegible] alive on Dec 4 1933. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	1931
Other contributory causes of importance: Terminal pneumonia	Dec 6, 1933

Name of operation Exploratory, Laparotomy Date of Dec 1933

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Sidwell Lace M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

✓ E 96160

96160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 N. Charles St. 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hester Dorsey Richardson

(a) Residence: No. 2127 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Levin Richardson

6. DATE OF BIRTH (month, day, year) Jan. 9, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired authoress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER FATHER

13. NAME James L. Dorsey

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah A. W. Richardson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dorsey Richardson

(Address) 333 E. 68th St., N. Y. C.

18. BURIAL, CREMATION, OR REMOVAL

Old Trinity Church Dorchester County, Md. Date Dec. 12, 1933

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1933 19 to 12-10 1933

I last saw h[illegible] alive on 12-10 1933 Death is said to have occurred on the date stated above, at 7.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1932

Other contributory causes of importance:

Name of operation Mastectomy Date of March 1933

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John L. Straney M. D.

(Address) 1129 St Paul St

M. D. H. 1201-9

✓ E 96161

HEALTH DEPARTMENT—CITY OF BALTIMORE

96161

CERTIFICATE OF DEATH

137

Registered No.

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 19-01 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willard M. Shifflet

(a) Residence: No. 1621 N. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Venia Shifflet

6. DATE OF BIRTH (month, day, year) 10/20/1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 9/28

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Willard Shifflet

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Columbia Collins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Self.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ELKTON Va Date Dec 11 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

DEC 11 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10/1933

22. I HEREBY CERTIFY, That I attended deceased from 11/13/33, 19... to 12/10/33, 19...

I last saw him alive on 12/10/33, 19... Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate Gland. C	2 yrs.

Other contributory causes of importance: P. O. chronic type toxic prostatic gland - 7 days for operation prostatic resection hypertrophic prostatectomy 4 Hrs.

Name of operation Suprapubic prostatectomy Date of 11/29/33

What test confirmed diagnosis? Surgery Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raymond F. Leftwich, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

✓ M E 96162

96162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Cassatt

(a) Residence: No. Linden Terrace St., Pikesville, Balto. Co. Md.

(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 4, 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Suburban Club

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tellyahoma, Pennsylvania

13. NAME Father: Enrico Cassatt

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Mary Catherine Smith

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT Mary Catherine Cassatt

(Address) Pikesville Md.

BURIAL, CREMATION, OR REMOVAL Laurel Ridge

Place Ste Genevieve Date 12/14 1933

UNDERTAKER Frank H. Newell.

(Address) Pikesville Md.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11 1933 to 1933

I last saw h alive on Dec. 11 1933 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/11 1933

Where did injury occur? Lincoln Park in Baltimore Co. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Auto Accident

Manner of injury While riding a bicycle, two autos

Nature of injury Fractured Base of Skull + Died Instantly

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P. Downey Coroner M. D.

(Address) 2200 E. Madison St.

M. D. B. 1268-9

E 96163

HEALTH DEPARTMENT—CITY OF BALTIMORE

96163

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Battery ave: 24-91 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F. Kern

(a) Residence: No. 1203 Battery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Catherine Kern

6. DATE OF BIRTH (month, day, year) Jan. 19. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Race Tracks

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Conrad Kern

14. BIRTHPLACE (city or town) (State or country) germany

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) germany.

17. INFORMANT Mrs. Catherine Kern
(Address) 1203 Battery

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date Dec. 13 1933

19. UNDERTAKER Margaret A. Flynn
(Address) 1422 Light St.

19. FILED ..... 19..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1/33 . 19.... to Dec 10/33 . 19.... I last saw him alive on Dec 10/33 . 19.... Death is said to have occurred on the date stated above, at 10 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	Jan 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry B Kolb M.D. M. D.

(Address) 1103 Light Baltimore

M. D. B. 1268-9

✓ E 96164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

E 96164

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 E. Barney St. St., 23-04 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella G. Peters

(a) Residence: No. 31 E. Barney St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gerge W. Peters

6. DATE OF BIRTH (month, day, year) Feb 25 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Davern

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nora Kirby

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Young
(Address) 31 E. Barney St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 13 1933

19. UNDERTAKER J. Fred McCully
(Address) 130 E. Fort Ave

20. FILED ....., 19.... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1933 to Dec 9 1933

I last saw h.. alive on Dec 9 1933 Death is said to have occurred on the date stated above, at 10 15 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Grippe & Bronchitis

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No (If so, specify)

(Signed) John A. Ehrmann M. D.

(Address) 1337 S. Charles St

M. D. B. 1268-9

E. 96165 ✓ E. 96165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Bolton St. St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Wilmer Little

(a) Residence: No. 1600 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rev. Francis T. Little

6. DATE OF BIRTH (month, day, year) September 26, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Centreville
(State or country) Maryland

FATHER

13. NAME Pere Wilmer

14. BIRTHPLACE (city or town) Centreville
(State or country) Maryland

MOTHER

15. MAIDEN NAME Isabella Hammond

16. BIRTHPLACE (city or town) Frederick County
(State or country) Maryland

17. INFORMANT Mr. Reise H. Little
(Address) 1600 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Cem. Date Dec. 13, 1933

19. UNDERTAKER Jesse H. Cook
(Address) 1003 W. Baltimore St.

Huntington Avenue, MD

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1930, 19, to 12-10, 1933

I last saw her alive on 12-10, 1933 Death is said to have occurred on the date stated above, at 7.45P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	1925
HYPERTENSION	"
MYOCARDIAL INSUFFIC	1933

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John L. Posey, M. D.

(Address) 1129 St. Paul St.

M. D. B. 1268-9

✓ E 96166

96166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Sullivan

(a) Residence: No. Little Sisters of the Poor, 1200 Fallsway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 22 June 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER FATHER

13. NAME John Sullivan

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Emma Leland

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sister Theresa, Supr.
(Address) Little Sisters of the Poor, 1200 Fallsway St

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date Dec 12, 1933

19. UNDERTAKER Rita Niedefeld
(Address) 91 Desmond Ave

Dec 11 1933 Huntington Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 December, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1930, 19..., to Dec 11, 1933

I last saw her alive on Dec 9, 1933 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	3
Chr Nephritis	3
Other contributory causes of importance:	
Arteriosclerosis	3

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. M. C. Corbin M. D.

(Address) 111 E Lexington

M. D. B. 1268-A E 96167 ✓ E 96167

279711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Romaine Harden

(a) Residence: No. Rosedale Mds., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-19-1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME John F. Harden

14. BIRTHPLACE (city or town) (State or country) Ebula Va.

15. MAIDEN NAME Anna J. Simpson

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Texas Md. Date Dec. 11, 1933

19. UNDERTAKER John S. Connelly
(Address)

FILED DEC 11 1933 Hattie E. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1933, to Dec 9, 1933

I last saw her alive on Dec 9, 1933. Death is said to have occurred on the date stated above, at 3:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis ? juvenile paresis & convulsions.	Birth
Lobular pneumonia	? 12/6/33
Other contributory causes of importance:	
? Idiopathic Epilepsy	1925

Name of operation (Laparotomy) Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry D. Fletcher M. D.

(Address) Fld Johns Hopkins Hospital.

M. D. F. 1268-9 E 96168 ✓ E 96168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Charles Hagan

(a) Residence: No. 1845 Regester Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine V. (McKenna)

6. DATE OF BIRTH (month, day, year) Aug. 16, 1871.

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
62	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Patrick Hagan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Margaret Donohue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Catherine Hagar
(Address) 1845 N. Regester Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Dec. 14, 1933

19. UNDERTAKER Geo. J. Roth & Son
(Address) 735 Hamburg Street

FILED DEC 12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 19, 1933 to December 11, 1933

I last saw h... alive on December 11, 1933. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic myocarditis	
2. Cerebral hemorrhage	
3. Influenza Pneumonia Bilateral	
Other contributory causes of importance:	
1. Senility	

Name of operation Laparotomy - left Date of 11-20-33

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. M. Wannemacher, M. D.

(Address) ST. JOSEPH'S HOSPITAL (BALTIMORE, MD.)

M. D. H. 1268

E 96169

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96169

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3523 Brehms Lane St. 26-81 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Philbin

(a) Residence: No. 3523 Brehms Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced — *-*-----*---*
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 1, 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Patrick Philbin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Faherty

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Sarah Collins (Sister)

(Address) 3523 Brehms Lane

BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem. Date Dec. 12, 1933

UNDERTAKER [illegible]

(Address) [illegible]

FILED 12 1933, 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at about 7.30 A.M.
m

The principal cause of death and related causes of importance were as follows:

Probabl: Cerebral Apoplexy — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 508 E North Ave

M. D. B. 1268-9

E 96170

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96170

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 N. Monroe St. 16-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edwin T. Vickers

(a) Residence: No. 721 N. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~): Clara E. Vickers

7. DATE OF BIRTH (month, day, year): Nov 27th 1857

8. AGE: Years 76 | Months 0 | Days 14 15 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lunch Room

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation: 2.

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Wm M. Vickers

14. BIRTHPLACE (city or town) (State or country): Ohio

15. MAIDEN NAME OF MOTHER: Rachael Dare

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Wm T. Thomas

(Address) Sandy Springs Md

18. BURIAL, CREMATION, OR REMOVAL

Place Friends Burying Ground Date Dec 12th 1933

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED DEC 12 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 11th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1933 to Dec 11 1933.

I last saw him alive on Dec 10 1933. Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	12/11/33
Other contributory causes of importance: Acute Heart Disease	1931
Arterio-Sclerosis	1930

Name of operation: None Date of: ...

What test confirmed diagnosis: Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No.

(Signed) M. A. O'Neill M. D.

(Address) 108 N Fulton Ave

M. D. B. 1268-9

E 96171 E 96171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Greenmount Ave Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Meyers

(a) Residence: No. 716 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hannah Meyers

6. DATE OF BIRTH (month, day, year) Aug 9 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dallas County Ind

13. NAME OF FATHER Geo Meyers

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Marie Batty

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hannah Meyers (Address) 716 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 12/12 1933

19. UNDERTAKER Chas G Weber (Address) 5141 Calhoun St.

20. FILED Dec 12 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1933 to Dec 9 1933

I last saw h alive on Dec 6 1933 Death is said to have occurred on the date stated above, at 6.5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Dec 5 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo E Allen M. D.

(Address) 50 Hanover St

M. D. B. 1940-0 E 96172 ✓ E 96172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 518 N. Carey St., 14-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laura A. Roberts

(a) Residence: No. 518 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced: HUSBAND of Henry F. Roberts (or) WIFE of

DATE OF BIRTH (month, day and year) Aug 25 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Hagerstown Md.

12. NAME John Beach

13. BIRTHPLACE (city or town) (State or country) Va.

14. MAIDEN NAME Rachel Wolfe

15. BIRTHPLACE (city or town) (State or country) Va.

16. INFORMANT Henry F. Roberts

(Address) 518 N. Carey

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 12/13 1933

UNDERTAKER Chas. G. Cooper

(Address) 5142 Baltimore St.

FILED 1933 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 10 1933

22. I HEREBY CERTIFY, That I attended deceased from 19

last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Acute Indigestion

Other contributory causes (conditions): Died suddenly, had taken Pork, Beans & Lunch potatoes. Heart ? Old

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place?

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hunt Coroner M. D.

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96173 E 96173 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thelma Stewart

(a) Residence: No. 1614 Harlem ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 23 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 0

12. BIRTHPLACE (city or town) (State or country) Plain Field N. J.

MOTHER FATHER

13. NAME Albert Stewart

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Elsie Smouton

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Elsie Stewart

(Address) 1610 Harlem ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cemetery Date Dec 12, 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania ave.

20. FILED DEC 12 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-5-33, 19 ... to 12-9-33, 19 ...

I last saw her alive on 12-9-33, 19 ... Death is said to have occurred on the date stated above, at 2:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William Lee Peters, M. D.

(Address) President Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 36174
93-003
Registered No.

36174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Harlem Ave. St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Crout

(a) Residence: No. 3016 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes H. Ettinger

DATE OF BIRTH (month, day, year) Sept. 23, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore County Md.

13. NAME John Emory

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah H. Brown

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Clinton B. Crout
(Address) 3917 Garrison Ave.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Dec. 12, 1933

UNDERTAKER John C. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place

FILED 12 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on Dec 9 19 33 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leuk Brady, M. D.
Coroner

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96175 ✓ 96175

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Lemmon Ave St., 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Byron Wm Holt

(a) Residence: No. 584 Ridgewood Rd ^ St., Maplewood Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Elizabeth Kinsella

6. DATE OF BIRTH (month, day, year) Dec 12 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Financial adviser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Bank~~ Oil

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 50yrs?

12. BIRTHPLACE (city or town) (State or country) Rutland Ohio

13. NAME Columbus Holt

14. BIRTHPLACE (city or town) (State or country) Rutland Ohio

15. MAIDEN NAME Emma Nobles

16. BIRTHPLACE (city or town) (State or country) Rutland Ohio

17. INFORMANT Hospital records & Family.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 13 1933

19. UNDERTAKER John A. Weikel & Sons
(Address) 1200 Eastern Ave

20. FILED DEC 12 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1933 to Dec 11 1933

I last saw him alive on Dec 11 1933. Death is said to have occurred on the date stated above, at 2.02 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	Aug '33
Extension to Intestine	
Other contributory causes of importance:	
Lobular Pneumonia	Dec 8

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ralph G. Hills M. D.

(Address) 1st & Eager St Balto, Md

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96176 V

CERTIFICATE OF DEATH

E 96176

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Doctor Dorman A. Waldron

(a) Residence: No. 210 E Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 5, 1859

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 05

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

13. NAME William D. Waldran

14. BIRTHPLACE (city or town) (State or country) Tenn.

15. MAIDEN NAME Salrann Cook

16. BIRTHPLACE (city or town) (State or country) Tenn.

INFORMANT May S. McGrath

(Address) 12 W. Mt. Vernon Place

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Dec. 13, 1933

UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED DEC 12 1933 Harrington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1933 to Dec 11 1933

I last saw her alive on Dec 11 1933 Death is said to have occurred on the date stated above, at 3.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis & uremia	
Arteriosclerosis (general)	
Hypertrophy (chronic)	

Other contributory causes of importance:

Pulmonary oedema	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David H. Andrew M. D.

(Address) Church Home & Infirmary

M. D. P. 12881 E 96177 V E 96177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1001 Edmondson Ave. St. 18-01 Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella P. Lauer,

(a) Residence: No. 1001 Edmondson Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) October 1, 1881

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
52	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Michel J. Lauer,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary C. Fales,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. E. Lauer

(Address) 1001 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date DEC 13 1933

19. UNDERTAKER Geo W. Little

(Address) 2700 Edmondson Ave

20. FILED ... D ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1933, to Dec 11, 1933,

I last saw her alive on Dec 10th, 1933. Death is said to have occurred on the date stated above, at 5.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach and Gall Bladder.	

Other contributory causes of importance:

Coronary Sclerosis

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No injury

(Signed) Herbert E. Zepp, M. D.

(Address) 3048 W. Fayette St

M. D. B. 1268-41 E 96178 ✓ E 96178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4706 Delaware ave St. 27-01 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael P Ganley

(a) Residence: No. 4706 Delaware ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Dunn Ganley

6. DATE OF BIRTH (month, day, year): Oct. 19 1857

7. AGE: Years 76 | Months 1 | Days 21 | If LESS than 1 day ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sanitary Dept
10. Date deceased last worked at this occupation (month and year): 1926
11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md
13. NAME: Thomas Ganley
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Kane
16. BIRTHPLACE (city or town) (State or country): Ireland
17. INFORMANT: Thomas R. Ganley
(Address) 4706 Delaware ave.
18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/13/33
19. UNDERTAKER: Jno A Myers
(Address) 3000 E Balto St.
20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/10/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1933 to Dec. 10 1933
last saw h.i.m alive on Dec. 10 1933 Death is said to have occurred on the date stated above, at 2P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	Nov. 1933

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Cyst Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify —

(Signed) Kenneth B. Boyd M. D.
(Address) 1040 W. Madison St.

M. D. B 1268-9 E 96179 ✓ E 96179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (~~Ka~~ Baltimore City Hospital No. 34-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Overton

(a) Residence: No. 1624 McCulloh St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Overton

6. DATE OF BIRTH (month, day, year) Sept. 26 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Huntington (State or country) W Va

FATHER

13. NAME Zeke Overton

14. BIRTHPLACE (city or town) Huntington (State or country) W. Va

MOTHER

15. MAIDEN NAME Lula Smith

16. BIRTHPLACE (city or town) Huntington (State or country) W. Va

17. INFORMANT Reeds

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12-13 1933

19. UNDERTAKER Mrs R A Elliott

(Address) 1129 N Caroline

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1933 to Dec 9 1933

I last saw him alive on Dec. 9 1933. Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	7 days
Pericarditis, Pneumococci	1 day
Other contributory causes of importance: Syphilis, Latent	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T P Magill M. D.

(Address) Balt City Hosp.

M. D. R. 1268-9 E 96180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96180

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Mulliman St. 7-01 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Trusty

(a) Residence: No. 1515 Mulliman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6a. If married, widowed, or divorced (or) WIFE of Henry Trusty

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Appro	46	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Milford Va
(State or country)

13. NAME Wm Henry Fleming

14. BIRTHPLACE (city or town) Va
(State or country)

15. MAIDEN NAME Frances Loney

16. BIRTHPLACE (city or town) Va
(State or country)

INFORMANT Norah Hill (sister)

(Address) 808 A St SW Wash DC.

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12-13, 1933

UNDERTAKER Mrs. R. E. Elliott

(Address) 1129 N. Caroline

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Dec 8, 1933.

I last saw h. alive on Dec 8 1933. Death is said to have occurred on the date stated above, at 11.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endo Carditis (Mitral Insufficiency	1 yr.
Other contributory causes of importance:	
Nephritis,	1 yr.
enlarged Liver	
Hypertension	

Name of operation none Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) R. F. Penny M. D.

(Address) 14 W Chesapeake St

M. D. B. 1268-9

George Smith Elliott ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96181

CERTIFICATE OF DEATH

87-001

Registered No. E 96181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 764 W. Saratoga St., 4-01 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... d

2. FULL NAME George Smith Elliott

(a) Residence: No. 764 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Frances Smith Elliott

6. DATE OF BIRTH (month, day, year) Jan 28, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME John Smith Elliott

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Henrietta Galloway

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Alice Frances Smith Elliott

(Address) 764 W Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Dec. 12, 1933

19. UNDERTAKER Mrs Katie R. Williams

(Address) 522 N. Schroeder St.

20. FILED DEC 12 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1933 to Dec 8, 1933

I last saw him alive on Dec 8, 1933 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage 1933

Other contributory causes of importance:

Duration

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased

If ...

(Signed) ... M. D.

(Address) ...

M. D. B. 1268-9

E 96182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-12 E 96182

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp.) St., (Ward) 12th

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Kosmak (Kosmaczewski) 12-12-33

(a) Residence: No. 523 So. Rappalla St., 26th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Muriel Kosmak

6. DATE OF BIRTH (month, day, year) March 29 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	8	14	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1st Asst Engr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship 0 30

10. Date deceased last worked at this occupation (month and year) 11-29-33

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Lenza, Poland

FATHER

13. NAME John Kosmak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Redyk

16. BIRTHPLACE (city or town) (State or country) [redacted] Poland

17. INFORMANT Muriel Kosmak

(Address) 523 So. Rappalla St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Dec 14 1933

19. UNDERTAKER J. W. Oganowski

(Address) 1990 E. Eastern Ave

20. FILED DEC 12 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1933 to Dec 10 1933

I last saw him alive on Dec 10 1933 Death is said to have occurred on the date stated above, at 4:18 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mastoiditis	[illegible] 12-6-33
Staphylococcic Sepsis	

Other contributory causes of importance:

Name of operation Mastoidectomy 12-7-33 Date of 12-9-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) U. S. Marine Hospital

H. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96183

CERTIFICATE OF DEATH

E 96183

79-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 23-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Smith

(a) Residence: No. 206 N Hamburg St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Norfolk Va.

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/12/ 1933

UNDERTAKER Isaiah Brown & Son

(Address) 106 W Montgomery St

FILED DEC 12 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , 19 , to , 19 , 19 Death is said

I last saw h alive on , 19 , 19 to have occurred on the date stated above, at 4:15 A m

The principal cause of death and related causes of importance were as follows:

Carcinoma Sigmoid Meningitis

(Pneumococcus)

Date of onset

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W Alexander M D, M. D.

Coroner

(Address) 1206 N Fallsway Balto Md

M. D. H. 1268-9 E 96184

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96184

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 W. Fayette St. St., 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Price.

(a) Residence: No. 1429 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: XXXXXX of Charles Price.

DATE OF BIRTH (month, day, year) May 25, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME John Murphy.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Sarah Elliott.

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Lillian Maurer. (daughter)

(Address) 1241 W. Lombard St.

BURIAL, CREMATION, OR REMOVAL Dec. 13 1933

Place Loudon Park Date

UNDERTAKER George L. Schuart & Sons

(Address) 2121 Frederick Ave.

FILED Dec 13 1933 19 Dec 12/12/33 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Valvular disease of the heart.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto K. Steinhauer Coroner, M. D.

(Address) 1017 E. Charles St.

M. D. B. 1930 E 96185 E 96185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4110 Garrison Blvd St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 2 mos. da. How long in U. S. If of foreign birth 33 yrs. mos. da.

2. FULL NAME Hannah Rachael Frankel

(a) Residence: No. 4110 Garrison Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Iger Frankel

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Yehuda S. Guerberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ethel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Phillip Frankel

(Address) 2 Laurel Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Levering Run Date 12-12-33 19

19. UNDERTAKER Hyk Levine Inc

(Address) 1739 E. Pratt St.

20. FILED 12 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/1 1933 to 12/11 1933

I last saw her alive on 12/11 1933 Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Bronchopneumonia (6 days)	
(Terminal)	
(Primary)	
Other contributory causes of importance: Chronic Nephritis	
Arterio Sclerosis	
Chronic Endocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dan Friedman M. D.

(Address) 1826 Eutaw Pl

M. D. B. 1269-0

E 96186

96186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Luther Williams

(a) Residence: No. 201 West 24th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Williams

7. DATE OF BIRTH (month, day, year): Aug. 27, 1910

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Georgia

13. NAME: Pharoah

14. BIRTHPLACE (city or town) (State or country): Greenville, S. C.

15. MAIDEN NAME: Malinda Norman

16. BIRTHPLACE (city or town) (State or country): Georgia

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Douglas Cemetery Dec 12 1933

19. UNDERTAKER: Adolphus Halstead

(Address): Catonsville, Md.

FILED: 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1933 to Dec. 9 1933

I last saw him alive on Dec. 9 1933 Death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov. 1, 1933
Other contributory causes of importanre:	

Name of operation: No Date of:

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Christopher C. Thomas M. D.

(Address) Baltimore City Hosp.

M. D. R. 1268-9

E 96187

96187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 E Pine St. 17-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edw Johnson

(a) Residence: No. 908 E Pine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Johnson

DATE OF BIRTH (month, day, year)

AGE Years 76 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mary Johnson

(Address) 908 E Pine

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Dec 22 1933

UNDERTAKER

(Address)

FILED Dec 23 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1933 to Dec 1933

I last saw h alive on Dec 1933 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
6 months	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Clark M. D.

(Address) Coroner

H. D. B. 1268-9

E 96188

96188 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH √164-001

Registered No.

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Polizini

(a) Residence: No. 1603 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 36	yrs		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler-steamship

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Charles Pratt-Standard Oil Co.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 086

BIRTHPLACE (city or town) (State or country) Near Mobile, Ala

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ala

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ala

INFORMANT Edward Owings

(Address) 1334 Hanover St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Md Date Dec 5 1933

UNDERTAKER

(Address)

FILED 4 DEC 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Illuminating Gas Poisoning | Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury . 19

Where did injury occur? 1603 E. Pratt St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Gas hose from wall bracket under blankets-over head.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Pazer Coroner. M. D.

(Address) 5086 North ave

M. D. B. 1268-9

96189

HEALTH DEPARTMENT—CITY OF BALTIMORE

96189

CERTIFICATE OF DEATH

1. PLACE OF DEATH Brought dead at Mercy Hospital

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME James Norris

(a) Residence: No. 618 E. Pratt St St., [illegible] Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 12, 19[illegible]

UNDERTAKER
(Address)

FILED [illegible], 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible] to [illegible], 19[illegible]

I last saw h[illegible] alive on [illegible], 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute alcoholism	3 days

Other contributory causes of importance:

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury [illegible], 19[illegible]

Where did injury occur? [illegible] (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? no If so, specify [illegible]

(Signed) James M. Taylor M. D.
Coroner

(Address) 700 E Chase

M. D. B. 1268-0

E 96190

96190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Bradden

(a) Residence: No. 518 Central Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Montgomery Ala.

13. NAME Louis Bradden

14. BIRTHPLACE (city or town) (State or country) Alabama

15. MAIDEN NAME Mary Lawson

16. BIRTHPLACE (city or town) (State or country) Ala.

17. INFORMANT Records Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ of Md Date Dec 12 19 33

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar.

1003

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4 1933 to Dec. 6 1933

I last saw him alive on Dec. 6 1933 Death is said to have occurred on the date stated above, at 10 ± 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease hypertensive & Congestive failure	3 1 mo.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) T P Magee M. D.

(Address) Balt City Hosp

M. D. B. 1268-B

E 96191

HEALTH DEPARTMENT—CITY OF BALTIMORE

96191

CERTIFICATE OF DEATH

107-001

Registered No. 118-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Hutchins

(a) Residence: No. 820 S. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Hutchins ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Charles Hutchins

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Maggie ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balt City Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date Dec 12, 19 33

19. UNDERTAKER

(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1933 to Dec 9, 1933

I last saw him alive on Dec. 9, 1933 Death is said to have occurred on the date stated above, at 10.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Other contributory causes of importance:	

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Phaget M. D.

(Address) Balt. City Hosp.

1-12-1933 1050

M. D. P. 1268-9

E 96192

96192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V. 23

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No.) St., 12-41 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louise Crosby

(a) Residence: No. 1700 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph McAvoy

6. DATE OF BIRTH (month, day, year): Nov. 2, 1908

7. AGE: Years 25 | Months 1 | Days 5 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Frostburg, Md.

13. NAME: Jacob Crosby

14. BIRTHPLACE (city or town) (State or country): Frostburg Md.

15. MAIDEN NAME: Anna McMullen

16. BIRTHPLACE (city or town) (State or country): Frostburg, Md.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place University of Md. Date Nov 12 19 33

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1933 to Dec 7 1933

I last saw h[illegible] alive on Dec 1, 1933 Death is said to have occurred on the date stated above, at 10.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis-pulmonary bilateral & laryngeal	1932?

Other contributory causes of importance:

Pneumo-Thorax - (Spontaneous)	11/1933

Name of operation Thoracentesis Date of 11/24/33

What test confirmed diagnosis? X-ray, Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) F. K. Bowers M. D.

(Address) Bello City Hospital

M. D. B. 1268-9

CERTIFICATE CORRECTED 2-2-51

E 96193

96193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 S. Bentalou St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Peter E. Anderson

(a) Residence: No. 532 S. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Married

6a. If married, widowed or divorced, BUSBAND of (or) WIFE of: Eva Anderson

6. DATE OF BIRTH (month, day, year): Feb 27 1863

7. AGE: Years 71 | Months 9 | Days 12 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 1

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

13. NAME: John Anderson

14. BIRTHPLACE (city or town) (State or country): Sweden

15. MAIDEN NAME: Nilsonn

16. BIRTHPLACE (city or town) (State or country): Sweden.

17. INFORMANT: Edward F. Fish

(Address) 532 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL: Lorraine Park Date 12/12/33

19. UNDERTAKER: F. S. Wheatley Sons

(Address) 504 Eutaw Place

20. FILED DEC 12 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9/33

22. I HEREBY CERTIFY, That I attended deceased from 11/6/33, 19 to 12/9/33, 19

I last saw him alive on 12/9/33, 19 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset ?

Other contributory causes of importance:

Cerebral Apoplexy — 1 wk.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Terry, M. D.

(Address) 910 W. Lanvale St.

M. D. B. 1268-9

E 96194

96194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Appleby Ave St. 27-21 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Lillian M. Bowen

(a) Residence: No. 1315 Appleby Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert W. Bowen

6. DATE OF BIRTH (month, day, year) July 8, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
34	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Isaac Taylor

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Annie McCullough

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Herbert W. Bowen

(Address) 1315 Appleby Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 14 1933

19. UNDERTAKER Edmondson Son

(Address) 3811 Edmondson Ave

20. FILED Huntington Williams Dec 11 1933

41933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1933 to Dec 11, 1933

I last saw h.. alive on Dec 11, 1933. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Hemmorrhage	12/10/33

Other contributory causes of importance:

Gastro Enteritis
Influenzal

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. F. Lucchi M. D.

(Address) 4037 Falls Road.

M. D. B. 1268-9

E 96195

HEALTH DEPARTMENT—CITY OF BALTIMORE

96195

CERTIFICATE OF DEATH

✓ 94-001

8-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. St. Joseph Hospitals St. (Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (2) 3315 Emily Ave

(a) Residence: No. (1) Frederick Giles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Barbara Giles

DATE OF BIRTH (month, day, year) Aug 16/1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 637

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Athens, Ga

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Athens, Ga.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Athens, Ga.

INFORMANT Barbara Giles (wife)
(Address) 3315 Emily Ave

BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Date Dec 13 1933

UNDERTAKER Jos. D. Stevenson
(Address) 3021 Kenyon Ave

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Angina Pectoris — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Walsh Coroner, M. D.

(Address) 5086 York

M. D. B. 1268-9

E 96196

96196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 E. 31st St., 9-01 Ward)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Fredk Reich

(a) Residence: No. 2026 E. 31st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine M. Reich

7. DATE OF BIRTH (month, day, year) Jan. 7, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metropolitan Life

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Emil Reich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Hoffmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine M. Reich

(Address) 2026 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Dec 13, 1933

19. UNDERTAKER Wm. McKeever & Sons

(Address) North & Fairmount Ave

20. FILED Dec 13, 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1933, to Dec 11, 1933.

I last saw him alive on Dec 11, 1933. Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of heart	Dec 11
Other contributory causes of importance: chronic valvular disease of heart	June 22

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Sanderson M. D.

(Address) 1714 N. Caroline St

M. D. B. 1268-9

E 96197

96197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 15-01 Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles J. Ericson

(a) Residence: No. 3006 Cold Spring Lane St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Peterson Ericson

6. DATE OF BIRTH (month, day, year) Feb. 16, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1st Asst. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 03

10. Date deceased last worked at this occupation (month and year) 11-8-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vastros Sweden

13. NAME Erick Erickson

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Wilhelmina Nordin

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mount Ridge Date Dec 14 1933

19. UNDERTAKER Wm. J. Uphold (Address) North Gaither

20. Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1933, to December 12, 1933

I last saw him alive on December 12, 1933 Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis, acute	1925
Cholelithiasis	
Other contributory causes of importance:	
Pneumonia, lobar	12-9-33

Name of operation Cholecystectomy Date of 12-6-33

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. M. Brown M. D.

(Address) U.S. Marine Hospital

Spec.—9 30—A. & Co.—250 Blks.

E 96198

96198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 72-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2218 Rosalyn av St 15-01 Ward)

Registered No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Donald Ambrose Jones

(a) Residence No 2218 Rosalyn av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 10 mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb 20 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	10	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Ralph Lee Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elsie Barnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant MR Jones

(Address) 2218 Rosalyn ave

Filed Dec 15 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10/33

17

I HEREBY CERTIFY, That I attended deceased from Dec 6 1933 to Dec 10 1933

that I last saw h[illegible] alive on Dec 10 1933

and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Acute Lymphatic Leukemia

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Hemorrhage from nose

(duration) yrs. mos 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? blood smear, gland

(Signed) Joseph E Robinson M. D.

1933 (Address) 3201 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Dec 13 1933

20 UNDERTAKER: Henry Lutz — ADDRESS 1203 N. Broadway

H. D. B. 1288-2

96199 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 96199

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leroy Ball

(a) Residence: No. 1036 Stockton St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Lewis Ball

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Kate Rich

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Kate Ball

(Address) 1036 Stockton St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem. Date 12-12 1933

UNDERTAKER Elroy C. Wilson

(Address) 1000 Brantly Ave.

DEC 12 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9 . 1933

22. I HEREBY CERTIFY, That I attended deceased from injury & autopsy to . 19

I last saw h alive on injury & autopsy 19 Death is said to have occurred on the date stated above, at m injury & autopsy

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Mesentery	11/29/33
Bowels Evisceration	12/2/33

Other contributory causes of importance:

Automobile Accident	11/29/33

Name of operation total intest. evisceration Date of Dec 9 '33

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/29 . 1933

Where did injury occur? Bowie Md on Crowell Rd

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Auto accident.

Manner of injury Auto in which he was

Nature of injury Jumping from a ford

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify)

(Signed) Lewis Ellsworth, M. D.

Coroner

(Address) 2 E. Madison St.

M. D. F. 1268-9

E 96200

96200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

110

1. PLACE OF DEATH University Hospital 16-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harvey Bragg

(a) Residence: No. 1104 N. Stockton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sesta Bragg

DATE OF BIRTH (month, day, year) April 3 or 1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mary Cole

(Address) 1104 N Stockton st

BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Dec 13, 1933

UNDERTAKER Joseph A. Lugley

(Address) 701 N Mount Street

DEC 21 1933 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 / 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11 / 1, 1933, to 12 / 19, 1933

I last saw him alive on 12 / 19, 1933 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidermoid Carcinoma Scrotum	
Secondary Carcinoma Inguinal	
Glands Groin & Pelvis	
Exhaustion	

Other contributory causes of importance:

Chronic Nephritis Tuberculosis	
Cardiac Failure	

Name of operation ..... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) .....

D. R. 1245-9

E 96201

HEALTH DEPARTMENT—CITY OF BALTIMORE

96201

CERTIFICATE OF DEATH

82-01 16-01

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Jackson

(a) Residence: No. 11 N. Amity St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Jackson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Police Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 13th 1933

UNDERTAKER A. J. Jones

(Address) 111 E. Fillmore St

Huntington Station, N.Y.

DEC 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Apoplexy.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Coroner's Letter M. D.

(Address) 1925 Eastern Ave

M. D. B. E 96202 ✓ E 96202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Maryland General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 18-01 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr John Barkley

(a) Residence: No. 855½ W Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Matilda Barkley

DATE OF BIRTH (month, day, year) Nov 6 1891

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg

10. Date deceased last worked at this occupation (month and year) Nov 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Europe

13. NAME Peter Barkley

14. BIRTHPLACE (city or town) (State or country) Europe

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Europe

INFORMANT Mrs Matilda Barkley
(Address) 855½ W Lombard St.

BURIAL, CREMATION, OR REMOVAL Lake 12/14 1933

Woodlawn Mortuary

UNDERTAKER John Curtis & Son
(Address) 1210 Edmondson Ave

FILED DEC 13 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-8 1933 to 12-12 1933

I last saw him alive on 12-12 1933. Death is said to have occurred on the date stated above, at 12.01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	
Other contributory causes of importance: Uremia	12-6-33

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) Md. Gen. Hospital

M. D. B. 1208-B E 96203 ✓ E 96203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4046 Cold Spring Lane (Ward) 15-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel E. Marchs

(a) Residence: No. 4046 Cold Spring Lane, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Bertha M. Marchs

DATE OF BIRTH (month, day, year) Feb 16th 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R.

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George H. Marchs

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Mary Friese

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Ferdinand W. Marchs

(Address) 3324 Spaulding Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/14/ 1933

UNDERTAKER Wm Cook

(Address) 617 St Paul St

FILED DEC 13 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1933 to Dec 1933

I last saw ~~him~~ her alive on 12/11 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Diabetes	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. J. Bennett, M. D.

(Address) 4710 Liberty Hts Ave

M. D. B. 1268-A E 96204 ✓ E 96204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 828 N Patterson St., Fork Ave. Ward) 7-01
(If death occurred in hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 68 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Antonetta Torchia

(a) Residence: No. 828 N Patterson Fork Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Giuseppe Torchia
6b. DATE OF BIRTH (month, day, year): Nov. 1, 1856
7. AGE: Years 77 | Months 1 | Days 11 | If LESS than 1 day, hrs. or min. 25
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 037
12. BIRTHPLACE (city or town) (State or country): Italy
13. NAME: Carmela Cuva
14. BIRTHPLACE (city or town) (State or country): Italy
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Italy
17. INFORMANT: Rose Lombardo (Address) 1107 E Fusting St.
18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date 12/14 1933
19. UNDERTAKER: Wm. Cook (Address) 1515 E Fayette St.
20. FILED 12-13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12, 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933 to Dec 12, 1933
I last saw her alive on Dec 11, 1933 Death is said to have occurred on the date stated above, at 12.50 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	1920
Other contributory causes of importance:	
Cerebral Hemorrhage	Nov 29 1933

Name of operation: Date of:
What test confirmed diagnosis: Clinical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W. Edmunds M. D.
(Address) 2746 Llewellyn Road

M. D. B. 1264 E 96205 ✓ E 96205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 8-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Koetzner

(a) Residence: No. 1616 E Biddle St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Koetzner

DATE OF BIRTH (month, day, year) Nov ? 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 085

10. Date deceased last worked at this occupation (month and year) '93 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Joseph Koetzner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Josephine Fessner

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Friends

(Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 14 1933

UNDERTAKER Wm Cook

(Address) 1207 E Fayette St

FILED DEC 15 1933 E. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933 to Dec 11, 1933

I last saw him alive on Dec 11, 1933 Death is said to have occurred on the date stated above, at 1.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Phagel M. D.

(Address) Balt City Hosp

M. D. B. 1208-a E 96206 Charles H Kirby ✓ E 96206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp. St., Ward) 12-12-33

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H Kirby

(a) Residence: No. 577 Morris St (Forrest St) Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Ann Kirby

DATE OF BIRTH (month, day, year) Nov. 17/1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	0	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Engineers Dept

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 13

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country) Penna Rural

15. MAIDEN NAME Ann Travers Morris

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 15-33

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ... 19... 4 ma... Registrar.

12 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/20, 1933, to 12/12, 1933

I last saw him alive on 12/11, 1933 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Gangrene	6 Mo.
Other contributory causes of importance: Bronchopneumonia	1 day

Name of operation Amputation of Leg Date of 12/2/33

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. H. Bowers M. D.

(Address) Balto City Hosp

M. D. F. 1268-9

E 96207

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96207

CERTIFICATE OF DEATH

111-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lester B. Coale

(a) Residence: No. 726 S. Washington St. St., Havre de Grace Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 13 1901

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
32.	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical Line

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Webster Coale

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Edith Bradford

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Records

(Address) Mercy Hospital Balto. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Valley View Cem. Date Dec 16 1932

Harford Co. Md.

19. UNDERTAKER H. W. Mears & Son

(Address) 700 N. Calhoun St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932 to Dec 12 1932

I last saw h. alive on Dec 12 1932 Death is said to have occurred on the date stated above, at 5.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	12 12 32
Surgical shock from operation	12 12 32

Other contributory causes of importance:

Name of operation Arthroplasty Elbow Date of 12 8 32

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. A. Buttermorth M. D.

(Address) Mercy Hospital Balto. Md.

M. D. B. 1268-9 E 96208 ✓ E 96208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-003

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1207 N. Calvert St., 11-81 Ward)

Length of residence in city or town where death occurred 5 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Ada H. Cole

(a) Residence: No. 1207 N. Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

6. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of (or) WIFE of Late Alan Cole

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Rev. John Campbell White

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Smith Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT H. B. Walters

(Address) Embassador Apt

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec 14th, 1933

UNDERTAKER J. Wenderoth & Son

(Address) Calvert & Centre Sts

FILED DEC 15 1933, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12th, 1933, to Dec. 12th, 1933.

I last saw h.e.r. alive on Dec. 12th, 1933. Death is said to have occurred on the date stated above, at 3.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	
Other contributory causes of importance: SEVERE ATTACK OF GRIPPE	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Thomas L. Thorne, M. D.

(Address) 3801 St. Paul St.

C. D. B. File No. E 96209 ✓M E 96209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. 12-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel T. Harris

(a) Residence: No. 342 E 24th St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) March 17, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 020
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mary Harris
(Address) 1612 Ellsworth St

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Dec 14 1933

UNDERTAKER Mrs R. A. Elliott
(Address) 1129 N. Carrollton

FILED Dec 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1933 to Dec 10 1933

I last saw him alive on Dec 9 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures — Date of onset
Shock

Other contributory causes of importance:

Duodenal Ulcer

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 9 1933
Where did injury occur? Broadway & 23rd St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street, Accident
Manner of injury Struck by auto while walking across street
Nature of injury Multiple fractures skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
Coroner
(Address) [illegible]

E 96210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96210

107-001

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 Springhill ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Landsman

(a) Residence: No. 2623 Springhill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Landsman

DATE OF BIRTH (month, day, year): May 15/1898

AGE. Years	Months	Days	If LESS than 1 day, hrs. or min.
35	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Melvin Mendelson

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Sarah Simon

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Samuel Landsman

(Address): 2623 Springhill ave

BURIAL, CREMATION, OR REMOVAL

Place: Nelson Southern ave Date: Dec 13 1933

UNDERTAKER: S. Levinson Bro

(Address): 1117 E Balto St

FILED: DEC 13 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1933 to Dec 11th, 1933

last saw h[illegible] alive on Dec 11th, 1933 Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Nov 30

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel Steinberg, M. D.

(Address) 3735 Pinkney Ave

M. D. B. 1369-9

E 96211

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96211

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Fellwood Ave St., Ward 13-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susanna Webster

(a) Residence: No. 1205 Fellwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Webster

DATE OF BIRTH (month, day, year) June 15 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

13. NAME Joseph Clark

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Ada Talbert

(Address) 1205 Fellwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Dec 17, 1933

UNDERTAKER E. Simmons Hoge

(Address) 3611 Pinkney Ave

FILED Dec 18 1933 Hamilton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933 to Dec 12, 1933

I last saw her alive on Dec 12, 1933 Death is said to have occurred on the date stated above, at 12 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Cardiac failure

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. D. Peard, M. D.

(Address) 1134 Ramsay

M. D. B. 12[illegible] E 96212 ✓ E 96212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 Forest St. St., Ward 10-E

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Leland

(a) Residence: No. 1000 Forest St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Dec. 3, 1882

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Thomas Leland

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catharine Timothy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary A Leland
(Address) 1000 Forest St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Dec 15, 1933

19. UNDERTAKER Edgar W. Tomkins
(Address) 724 E Eager St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/3, 1933 to 12/12, 1933

I last saw h[illegible] alive on 12/12, 1933 Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Endocarditis	Unknown
(b) Chronic Bright's disease	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, where?

(Signed) Bernard Wess M. D.

12/14/33 (Address) 1716 E Calvert St

M. D. B. 1[illegible] 96213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96213

11-001

Registered No. 37-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Harview Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 0 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia A. O'Neill

(a) Residence: No. 3004 Harview Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John E. O'Neill

7. DATE OF BIRTH (month, day, year): Dec 1st 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	0	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Mathew Lynch

14. BIRTHPLACE (city or town) (State or country): Ireland.

15. MAIDEN NAME: Bridget Gillen

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. John O'Neill

(Address) 3004 Harview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Dec. 17, 1933

19. UNDERTAKER: Elmer W. Conklin

(Address) 324 E. Eager St.

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1933 to Dec 11 1933

I last saw h[illegible] alive on Dec 11 1933 Death is said to have occurred on the date stated above, at 11A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco-Pneumonia	Dec 8
Other contributory causes of importance: Influenza	Dec 6

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Wm Pearce M. D.

(Address) East at 4th St. Balto Md.

M. D. B. 1264 E 96214 ✓ E 96214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 E. Fairmount Ave St., Ward) 6-01

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosie Wisk

(a) Residence: No. 1739 E. Fairmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Abe

7. DATE OF BIRTH (month, day, year) 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Fuga

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Tullie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT J. Bugatch
(Address) 32 Hood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Hill Date 12/13/33 19

19. UNDERTAKER Jos. Lewis Son
(Address) 1439 E. Baltimore St

20. FILED 12/13/33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/15/ . 1933 to 12/12/ . 1933

I last saw her alive on 12/11/ . 1933 . Death is said to have occurred on the date stated above, at 10:55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio-vascular renal disease	several years
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Joseph S. Blum, M. D.

(Address) 133 E. Monument

Spec.—1-10-28—M&T—(5000)

E 96215

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96215

CERTIFICATE OF DEATH.

159

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6-N- Carlton ST., WARD) 18-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Bridges

(a) RESIDENCE NO. 6-N. Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-11-33

7 AGE: Years | Months | Days | If LESS than 1 day, 2 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER Theodore Bridges

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Rebecca Worden

13 BIRTHPLACE OF MOTHER (city or town) Malto. (State or country)

Informant (Address) Rebecca Bridges 6-N Carlton St

Filed 12/13/1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-11-1933

17 I HEREBY CERTIFY, That I attended deceased from 12-11, 1933, to 12-11, 1933,

that I last saw h alive on 12-11, 1933,

and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH* was as follows:

Premature birth.

Congenital debilities

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. L. Jackson M. D.

12/11/1933 (Address) 6 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Dec 13 1933

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 324 Schroeder St

D. B. 1268-9 E 96216

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96216

CERTIFICATE OF DEATH

108

Registered No. 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 N. Parrish St. St., Ward)

Length of residence in city or town where death occurred 17 yrs. 9 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl Gladden.(C)

(a) Residence: No. 306 N. Parrish St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) February 14th 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Alfred Gladden.(C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Victoria Brooks.(C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Albert Gladden.(C) brother.

(Address) 306 N. Parrish St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cem Date Dec. 14 1933

19. UNDERTAKER Mrs. Kate R. Williams

(Address) 322 A Aisquith St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

12/11/33 (Address) 1017 E. Charles St.

Spec.—8-16-29—L. F. S.—100 Blks. E 96217 ✓ E 96217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1—PLACE OF DEATH 1045 W Lexington St REGISTERED NO.

CITY OF BALTIMORE: (No.) Baltimore Md. ST. WARD 18-21 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Williams

(a) RESIDENCE NO. 1045 W. Lex. St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: James F Williams

6 DATE OF BIRTH (month, day, and year): 12-9-1853

7 AGE: Years 79 yrs. | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Work

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: James Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Lydia Comick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Sarah Tasker

(Address): 1045 W. Lexington St.

Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-9-33

17 I HEREBY CERTIFY, That I attended deceased from 10-13-33, to 12-9-33, 19..,

that I last saw h[illegible] alive on 12-1-33

and that death occurred, on the date stated above, at 9:45 P.M.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

Several weeks
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

19 (Address) 526 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Dec 13, 1933

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St.

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96218

E 96218

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. 14-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 1430 Linden Ave (Ward) 14-01

ngth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Creagh Hibbitts

(a) Residence: No. 1430 Linden Ave St., Ward.
(Usual place of abode) (If non-residents give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta H. Kershaw Hibbitts

DATE OF BIRTH (month, day, year) May 9, 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cereal Co.

10. Date deceased last worked at this occupation (month and year) 5/24/33

11. Total time (years) spent in this occupation 4

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Thos. P. Hibbitts

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Mary Jane Creagh

16. BIRTHPLACE (city or town) (State or country) Columbia S. C.

INFORMANT Thos. P. Hibbitts (Father)

(Address) 2103 Hilton St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/14, 1933

UNDERTAKER Harry C. Brauning & Son

(Address) 1126 Pulaski Corner St. Huntington Highlands, L. I.

DEC 13 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 11 - 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1933 to Dec. 11, 1933

I last saw him alive on Dec. 11, 1933. Death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Duration
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. B. Sybert M. D.

(Address) 2807 Hanford Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96219

CERTIFICATE OF DEATH

115-001

E 96219

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp St., 15 Ward 1

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John M. Griffin

(a) Residence No. 4011 Ridgewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 16 - 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME John B. Griffin
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME Georgia Kelly
16. BIRTHPLACE (city or town) (State or country) Balto. Md.
INFORMANT John B. Griffin
(Address) 4011 Ridgewood Ave
BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 14 1933
UNDERTAKER Margaret A. Flynn
(Address) 2107 N. Eutaw St.

DEC 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/8, 1933 to 12/12, 1933
I last saw him alive on 12/12, 1933 Death is said to have occurred on the date stated above, at 11.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytosis (Original Type)	?
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. Louis Hirschmann M. D.
(Address) Bon Secours Hosp.

M. D. B. 1268-9

Henry G. Lieman ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96220

CERTIFICATE OF DEATH

93-003

Registered No. 9220

1. PLACE OF DEATH Mercy Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 27-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry G. Lieman

(a) Residence: No. 608 N. Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Josephine Lieman

7. DATE OF BIRTH (month, day, year) 1/1/1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 04

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Lieman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec. 15, 1933

UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

FILED DEC 15 1933 Huntington Wm. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 12/11/33. 19.... to 12/12/33. 19....

I last saw h... alive on 12/12/33 Death is said to have occurred on the date stated above, at 12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis C.V.D.	?
Coronary thrombosis	4 hrs.

Other contributory causes of importance:

Chronic bronchitis

Emphysema

Bilateral bronchopneumonia (terminal)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raymond F. Steffey M. D.

(Address) Mercy Hospital.

H. D. B. 1268-9

Harris vs Harrison V E 96221

96221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N. Bond St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lora B. Harrison 46-01

(a) Residence: No. 1016 Arlington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Harris

DATE OF BIRTH (month, day, year) Apr 1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	8	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Johnson

14. BIRTHPLACE (city or town) (State or country) Phila, Pa.

15. MAIDEN NAME Daisy Garfield

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

INFORMANT Lora Gassaway
(Address) 1016 Arlington Ave

BURIAL, CREMATION, OR REMOVAL
Place Western Star Date 12/13/33 19

UNDERTAKER Mrs Lorge H. Hobbs
Address 163 Orchard Place
FILED 1933 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above at about 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance:	
Bronchial Asthma	?
Reported Mitral Insufficiency	5 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? Inutil Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Carey Coroner, M. D.

(Address) 508 E. Preston

D. B. 1268-9

96222

HEALTH DEPARTMENT—CITY OF BALTIMORE

96222

93-003

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 760 George St., (or) Ward) 17-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Noah Stonesdale

(a) Residence: No. 760 George St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

(SEX)	4. Color or Race	5. Single, Married, Widowed or Divorced (write which)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Millie

6. DATE OF BIRTH (month, day, year) Aug 9-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	3	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano Dealer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 045

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Noah Stonesdale

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Millie Stonesdale
(Address) 760 George

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Dec 14, 1933

19. UNDERTAKER F. Vernon Lechner
(Address) 632 Hollins St.

20. FILED 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lusk Coroner M. D.

(Address)

E 96223

H. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96223 131

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary St., Ward) 801 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Neumann

(a) Residence: No. 2829 Lake Ave St., Baltimore 2nd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or WIFE of) Mrs Wanda Neumann

DATE OF BIRTH (month, day, year) Aug 13, 1898

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER Frank Neumann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Barbara - -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Wanda M. Neumann

(Address) 2829 Lake Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Dec 16, 1933

19. UNDERTAKER Philip Henry Sons

(Address) 2316 Eutaw Pl.

FILED Dec 13 1933 Huntington Ridgeway, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1933 to Dec 12, 1933

I last saw him alive on Dec 12, 1933 Death is said to have occurred on the date stated above, at 1.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Arteriosclerosis (general)	
Hypertension	
Other contributory causes of importance:	9 days
Uremia	
Myocarditis, chronic	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) David H. Andrews M. D.

(Address) Church Home & Infirmary

M. D. F. 1268-9

E 96224

96224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 26 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? 2 yrs. mos. da.

2. FULL NAME Alfred M. Hansen

(a) Residence: No. 1315 S. Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eva Hansen

DATE OF BIRTH (month, day, year) Sept 25, 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Norway

13. NAME Hans Hansen

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Maria Rasmussen

16. BIRTHPLACE (city or town) (State or country) Norway

INFORMANT Records

(Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Lawn Date Dec 14th 1933

UNDERTAKER Leo G. Leach.

(Address) 1733 N. Eutaw Place & 1600 Huntington Avenue

Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1933 to Dec. 11, 1933

I last saw him alive on Dec 11, 1933 Death is said to have occurred on the date stated above, at 11 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Oesophagus	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. P. Magrid M. D.

(Address) Balt City Hosp.

M. D. B. 1268-9

✓ E 96225

96225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 19-81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 S. Gilmor St. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta H. Warfield

(a) Residence: No. 130 S. Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Rufus B. Warfield

DATE OF BIRTH (month, day, year) Jan. 14, 1858.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co., Md.

13. NAME James T. Cromwell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Julia A. Smith

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Rufus Warfield (Son)

(Address) 130 S. Gilmor St.

BURIAL, CREMATION, OR REMOVAL

Place A. A. Co. Md. Date 12/14/33,

UNDERTAKER Harry K. Nitzske

(Address) 4101 Edmondson Ave.

FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11/33 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 4-th 1933 to Dec 11- 1933

I last saw h[er] alive on Dec 11- 1933 Death is said to have occurred on the date stated above, at 4a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis —	?
Arteriosclerosis	
Senile asthenia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

12/13/33 (Signed) E. Helen Hemmings M. D.

(Address) 2000 Arlington

M. D. B. 1268-9

E 96226

96226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md St., Ward) 26-31

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Brigham

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5-8-69

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jesse Brigham

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Lemuel a Tucker

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Records
(Address) Balto City Hospt.

BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 12-13 1933

UNDERTAKER J. Fred Zepp & Sons
(Address) 1316 Eight Ave
Huntington Williamson W. Va.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11- 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-5-33 to 12-11- 1933

I last saw h[illegible] alive on 12-11- 1933. Death is said to have occurred on the date stated above, at 12.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Terminal Bronchopneumonia	48 hrs.
Other contributory causes of importance: Cyanosis & Senility & Cerebral Arteriosclerosis	7

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Henry Gradwohl M.D.

(Address) Baltimore City Hospitals

E 96227

M. D. P. 1263-9

E 96227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. 254-01

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Ivy Libby

(a) Residence: No. 3221 Milford Ave St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 12, 1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 35 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William Libby

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME Estella Poole

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Dr William Libby

(Address) 3221 Milford Ave.

BURIAL, CREMATION, OR REMOVAL

Place U of Md College Date Dec 13, 1933

UNDERTAKER

(Address)

FILED Dec 13 1933, 19... H. Mitchell Health Commissioner for Director of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 19... to Dec 12, 19...

I last saw h... alive on Dec 12, 1933 Death is said to have occurred on the date stated above, at 12:45 PM

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema.
Prematurity.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Carl E Dockel, M. D.

(Address) St Agnes.

M. D. B 1268-0

✓ E 96228

HEALTH DEPARTMENT—CITY OF BALTIMORE

96228

CERTIFICATE OF DEATH

92-001

Registered No. 1-001

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna M. Napora

(a) Residence: No. 520 South Madeira St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

7. DATE OF BIRTH (month, day, year) June 7th 1918

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Ignacy Napora

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Rozalia Zuchowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Rozalia Napora

(Address) 620 S Madeira Street

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cemetery Date Dec 15th 1933

19. UNDERTAKER George A Weber

(Address) 703 S Ann Street

20. FILED 1933 Thurston Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 1 1933 to December 12 1933

I last saw her alive on December 5 1933 Death is said to have occurred on the date stated above, at 11 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Rheumatic endocarditis	
2. Mitral stenosis and aortic insufficiency	
3. Auricular fibrillation	
Other contributory causes of importance:	
1. Terminal decompensation	

Name of operation ..... Date of ✓

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL

M. D. B. 1268-9

✓ E 96229

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

Registered No. 96229

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 N. Durham St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph F. Novotny

(a) Residence: No. 904 N. Durham St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Novotny

DATE OF BIRTH (month, day, year) Not known

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Wanda Novotny

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Anna Novotny

(Address) 904 N. Durham St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 14 1933

UNDERTAKER Frank Brockdorf

(Address) 1900 Eastern Ave

Huntington Williams M.D. Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1933, to ... 19...

I last saw h... alive on Dec 11, 1933. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Arterial Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul E. Wiedeman M. D.

(Address)

D. B. 1268-9

E 96230

HEALTH DEPARTMENT—CITY OF BALTIMORE

96230

CERTIFICATE OF DEATH

Registered No. 99

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., [illegible] Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie T. Royer.

(a) Residence: No. Woodlawn, Balto. Co. Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Leander L. Royer.

6. DATE OF BIRTH (month, day, year) December 4, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME Preston Lipscomb.

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Mary A. Lipscomb.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Leander L. Royer.
(Address) Woodlawn, Balto. Co. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Dec 14 1933

19. UNDERTAKER J. Frank Love
(Address) Huntington Delaware, Md.

20. Filed 12/14/1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 to [illegible], 19

I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above, at 8.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos M Reinhardt Coroner, M. D.
12/13/33 (Address) 1917 E. Charles St.

M. D. B. 1268-9

E 96231

96231

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Northway Apts

CITY OF BALTIMORE: (No. 3700 N. Charles St. 17-61 Ward)

Length of residence in city or town where death occurred 17 yrs. 8 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Jacob Knipp

(a) Residence: No. Northway Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Mary S Knipp.

7. DATE OF BIRTH (month, day, year) Mar. 17, 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Mfr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John C Knipp & Sons

10. Date deceased last worked at this occupation (month and year) 12 2 33

11. Total time (years) spent in this occupation 043

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME John C. Knipp.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Julia Beasley

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mary S Knipp

(Address) Northway Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 33

19. UNDERTAKER W M Luther Sons

(Address) North & Fulton Aves

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1933, to Dec. 13, 1933

I last saw him alive on Dec. 13, 1933 Death is said to have occurred on the date stated above, at 1.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Cardiac and Chronic	
Myocarditis.	
Other contributory causes of importance:	
Chronic Nephritis	2/1/31

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Holmes Boyd M. D.

(Address) 104 W. Madison St

D. B. 1268-9

E 96232

96232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144-002

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 3-01 Ward)

Length of residence in city or town where death occurred 21 yrs. --mos.--ds. How long in U. S. If of foreign birth 21 yrs. --mos.--ds.

2. FULL NAME Antoinette Hoffman.

(a) Residence: No. 130 S. Exeter St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married

If married, widowed or divorced (or) WIFE of: Albert Hoffman.

6. DATE OF BIRTH (month, day, year) December 5, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	0	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

13. NAME Dominico Magondia.

14. BIRTHPLACE (city or town) (State or country) Italy.

15. MAIDEN NAME Coselmonia Palugia.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT (Address) Albert Hoffman. (husband) 130 S. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 15, 1933

19. UNDERTAKER (Address) Wendel Hunting ton Maryland

Dec 13 1933, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 1.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Child birth.	12/11/33
Post partum Hemorrhage	
Paralytic Ileus.	

Other contributory causes of importance:

Version and breech presentation. 12/11

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Steinhardt Coroner . M. D.

12/12/33 (Address) 1017 N. Charles st.

H. D. B. 1268-9

E 96233

96233 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-003

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2904 Baker St. 16-61 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Crosby McLaughlin

(a) Residence: No. 2904 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE of~~) Emma D. McLaughlin

DATE OF BIRTH (month, day, year) Jan 22nd 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk ~~saw~~ mill, bank, etc. Baugh Chemical Co

10. Date deceased last worked at this occupation (month, year) Dec 33

11. Total time (years) spent in this occupation 35

BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm J. McLaughlin

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Charlotte Crosby

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Emma D. McLaughlin

(Address) 2904 Baker St

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 14th 1933

UNDERTAKER Wm Cook

(Address) 217 E Fayette St

Huntington Woodward, M.D.

FILED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1933 to Dec 11 1933

I last saw him alive on Dec 11 1933. Death is said to have occurred on the date stated above, at 6.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure Coma	12/11/33
Other contributory causes of importance:	
Bronchopneumonia	12/11/33
Senile Myocarditis	6/6/33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Dowd M. D.

(Address) 6 Eutaw St

E. D. B. 1268-9

279666
96234

E 96234
V/31

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 22-21 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Vogel

(a) Residence: No. 2423 Laurietta Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widower

If married, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Catherine Vogel

DATE OF BIRTH (month, day, year) Aug. 18, 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Appraiser 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Custom House

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Balzer Vogel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Torpfer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL London Park Cem Date Dec 15 1933

UNDERTAKER Wm Cook
(Address) 127 E Fayette St

FILED Dec 15 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1933 to Dec. 12, 1933

I last saw h.i.M alive on Dec. 12, 1933 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis, hypostatic pneumonia, chronic interstitial nephritis, uraemia	5 yrs
Other contributory causes of importance: ? Coronary occlusion	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R Carmichael Gilchrist M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131 N

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 338 E 25th St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H Foster

(a) Residence: No. 338 E 25th St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Foster

DATE OF BIRTH (month, day, year): Dec 17 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: William H Foster

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Margaret England

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

INFORMANT: Elizabeth Foster

(Address) 338 E 25th St

BURIAL, CREMATION, OR REMOVAL: Interment Date: 12/15 1933

PLACE: Greenmount

UNDERTAKER: W M Cobb Co

(Address) Huntington Avenue

... 19... Registrar.

No. 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1933 to Dec 13 1933

I last saw him alive on Dec 13 1933 Death is said to have occurred on the date stated above, at 12:20 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	11-29-33

Other contributory causes of importance:

Chronic Interstitial Nephritis of several years

Name of operation: None Date of:

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thurlow C Blake M. D.

(Address) 719 Medical

D. R. 1268-9

E 96236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96236 ✓ 49

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Meade, MRS. CARRIE

(a) Residence: No. 4242 Nicholas Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of MR. WM Meade (deceased)

6. DATE OF BIRTH (month, day, year) June 22, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	1521	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

13. NAME Louis D. Lewis

14. BIRTHPLACE (city or town) (State or country) MARYLAND

15. MAIDEN NAME Emily CARRICK

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT Dr. C. Washington
(Address) Church Home Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Date Dec 15 1933

19. UNDERTAKER Otterbein Undertaking Co
Address Catonsville Md

20. FILED 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from MAY 11, 1933, to Dec. 13, 1933

I last saw her alive on Dec. 13, 1933. Death is said to have occurred on the date stated above, at 10:15 Am.

The principal cause of death and related causes of importance were as follows:

Papulary Adenocarcinoma of Ovary — Date of onset

Other contributory causes of importance:

Metastases to abdominal and thoracic lymphnodes

Name of operation (At Mercy Hospital) Abdominal Exploration Date of operation 1933

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Vernon H Rozwood, M. D.

(Address) Church Home & Infirmary

M. D. B. 1268-9

E 96237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John P. Connolly

(a) Residence: No. Little Sisters of the Poor St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Baldwin

DATE OF BIRTH (month, day, year) Oct 8-1864 or unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	—	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Straw hat Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John P. Connolly

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Eliza — McKenna

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Sister Superior, Supt.

(Address) 1200 Valley St

BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 12/16

UNDERTAKER Mary M. Wedefeld

(Address) 5012 Harford Rd.

FILED Thurlington Williams Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Dec 13, 1933

I last saw him alive on Dec 8, 1933. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Endocarditis	7
(b) Cerebral hemorrhage	7

Other contributory causes of importance:

Arteriosclerosis

Name of operation Autopsy Date of ... No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury (over)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Fred Carter, M. D.

(Address) 1114 Hartford Rd

M. D. B. 12649 E 96238 E 96238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 N Carolina St., 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry S Abell

(a) Residence: No. 1711 N Caroline St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3-25-1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) York Pa
(State or country)

13. NAME Williams Abell

14. BIRTHPLACE (city or town) York
(State or country)

15. MAIDEN NAME Sarah Cunningham

16. BIRTHPLACE (city or town) York Pa
(State or country)

INFORMANT Mrs Margaret Abell
(Address) 1711 N Caroline

BURIAL, CREMATION, OR REMOVAL
Place York Pa Date 12-15-33 19...

UNDERTAKER Wendell E Zumbrun
(Address) 1521 N Caroline St

FILED DEC 12 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12/1933

22. I HEREBY CERTIFY, That I attended deceased from 11/1/1933 to 12/12/1933
I last saw him alive on 12/12/1933. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiac Vascular renal disease	Several years

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph S. Bloom M. D.

(Address) 1511 E North Ave

M. D. B. 1231-0

E 96239

E 96239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 120 S Mount St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Driscoll

(a) Residence: No. 120 S Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dennis Driscoll

7. DATE OF BIRTH (month, day, year) Apr 10 1849

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

13. NAME OF FATHER James McEvoy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Catherine Dixon

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Teresa Burroughs

(Address) 120 S Mount St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 12/15 1933

UNDERTAKER George A Farley

(Address) Fulton Ave & Fayette

FILED 12 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1933 to Dec 11, 1933

I last saw her alive on Dec 11, 1933 Death is said to have occurred on the date stated above, at 6.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	12/1/33
Other contributory causes of importance:	
Arterio Sclerosis	1930

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M A O'Neill M. D.

(Address) 108 N. Fulton Ave

E 96240

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96240

92-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1609 Ramsay ST. 19-01 WARD)

2-FULL NAME Joseph T. Kelly

(a) RESIDENCE NO. 1609 Ramsay ST., ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of or) WIFE of: Ella L Kelly

DATE OF BIRTH (month, day, and year): Nov 2 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	1	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Michael Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary A Bishop

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Mrs Edward A Kelly

(Address) 1609 Ramsay

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/11 1933

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1930 to Dec. 11 1933,

that I last saw h(e) alive on 12/11 1933,

and that death occurred, on the date stated above, at 2:05 P m.

The CAUSE OF DEATH* was as follows:

Acute valvular endocarditis,

(duration) 3 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Auto accident fatality

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Thomas J Mills M. D.

, 19 (Address) 20 E Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 12/14 1933

20 UNDERTAKER: Fogle Farley Fulton & Fogle

ADDRESS ...

H. D. B. 1248-9

E 96241

E 96241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Hoch Pennsylvania St. 12-21 Ward).

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J Carroll Boone

1a) Residence: No. 3135 Abell Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced WIFE (or) HUSBAND of Anne McClaunt.

DATE OF BIRTH (month, day, year) 3/20/1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	22 21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 016

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore.

10. NAME Robert A. Boone

11. BIRTHPLACE (city or town) (State or country) Baltimore

12. MAIDEN NAME Catherine A. Mae Burger

13. BIRTHPLACE (city or town) (State or country) Maryland

14. INFORMANT Mrs. R. Boone

(Address) 3135 Abell Ave.

15. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 12 / 24 / 33 19

16. UNDERTAKER John F. Fahey & Sons.

(Address) 1312 Light St.

DD 14 1933 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 / 23 / 33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 19 . to . 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2:30 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Chronic Heart	
Pyelitis Chronic	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos. Thompson M. D.

(Address) 218 N. Broadway Coroner

LaCo. 5-31 250B E 96242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96242

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 N. 31 St. St., 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Barrow

(a) Residence: No. 313 N. 31 St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph Barrow

6. DATE OF BIRTH (month, day, year): 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	75			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country): Balto Md

12. NAME OF FATHER: Josh Nuffagel

13. BIRTHPLACE (city or town) (State or country): Germany

14. MAIDEN NAME: —

15. BIRTHPLACE (city or town) (State or country): —

16. INFORMANT: Joseph Barrow
(Address) 313 N. 31 St

17. BURIAL, CREMATION, OR REMOVAL
Place Pro-Cathedral Date 12/15 1933

18. UNDERTAKER: J. J. Radel
(Address) 1536 Eastern Ave St

19. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1933, to Dec 13, 1933
I last saw h... alive on Dec 13 1933 death is said to have occurred on the date stated above, at 7:54 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho Pneumonia	
Other contributory causes of importance —	
Arteriosclerosis C.V.D.	

Name of operation — Date of ...
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury —
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) James [illegible], M. D.
(Address) 3[illegible] Longwood [illegible]

ACo. 5-31 250B E 96243

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96243

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen'l Hosp. St. 25-91 Ward)

Length of residence in city or town where death occurred 40 yrs. mos 3 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Williams

(a) Residence: No. Ballman Ave N. of Church St Brooklyn, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1866

AGE 67 Years	Months	Days	If LESS than 1 day hrs or min.
	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
8. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

9. BIRTHPLACE (city or town) (State or country) Virginia

10. NAME Not Known

11. BIRTHPLACE (city or town) (State or country) Not Known

12. MAIDEN NAME Not Known

13. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Laura C. Gischel
(Address) Ballman Ave N. of Church St Brooklyn Md

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Dec 15, 1933

UNDERTAKER John A. Denny
(Address) 715 Light St
Huntington Filed, Md

FILED 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/10, 1933, to 12/13, 1933

I last saw him alive on Dec 13, 1933 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/10/33
Other contributory causes of importance: Hypertension	Unknown

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. R. Fenton, M. D.
(Address) 350 Edmondson Ave

M. D. B. 1200-9 E 96244 E 96244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 W. Lombard St., 19-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William R. Scott

(a) Residence: No. 1810 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances R. Nicholson

DATE OF BIRTH (month, day, year) Feb. 18 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Va.

13. NAME OF FATHER John Scott

14. BIRTHPLACE (city or town) (State or country) W. Va

15. MAIDEN NAME OF MOTHER Rebecca —

16. BIRTHPLACE (city or town) (State or country) W. Va.

INFORMANT Mrs Frances R. Scott
(Address) 1810 W. Lombard

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Dec 14 1933

UNDERTAKER Chas. A. Mitchell & Son
(Address) 1900 Eutaw Place

FILED Dec 13 1933 Huntington Williams M.D. Registrar.

14033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1933 to Dec 11, 1933

I last saw him alive on Dec 10 1933 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion of Stomach	2
Other contributory causes of importance: Pulmonary Oedema	12/10

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) James H. Letzenberger M. D.
(Address) 721 Medical Arts Bldg

M. D. B. 12[illegible]

E 96245

E 96245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. 25-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Duncan Arnold

(a) Residence: No. 2121 Hawkins St. Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Arnold

7. DATE OF BIRTH (month, day, year) October 21, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn Md

13. NAME OF FATHER George Arnold

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Henrietta Gardner

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Regnds

(Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL Holy Cross A. A. Co. Date 12/16 1933

UNDERTAKER E. & B. Harlan

(Address) 115 E. West St.

FILED DEC 16 1933, 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1933 to Dec 13, 1933

I last saw him alive on Dec 13, 1933 Death is said to have occurred on the date stated above, at 10 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endarteritis obliterans	?
Diabetes mellitus	?
Gangrene left foot	10 wks
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation Amputation Upper Leg Type of leg Rt-3

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Maxwell M. D.

(Address) Balt City Hosp

D. B. 1268-0

E 96246

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96246

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 Westwood St. 15-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie S. Guantlett

(a) Residence: No. 3012 Westwood St. Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Guantlett

6. DATE OF BIRTH (month, day, year) Feb 20th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	0	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME OF FATHER William Johnson

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME OF MOTHER Louisa Thomas

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Ada Lee Hearn

(Address) 3012 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec. 14 1933

19. UNDERTAKER C. B. Hilkert & Son

(Address) 1300 Eutaw Place

20. FILED Dec 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12 1933.

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
1 year	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. C. Lusk M. D.

Coroner

(Address) Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96247 E 96247

CERTIFICATE OF DEATH V 110

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. Registered No.

CITY OF BALTIMORE: (No. 9-01 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James C. Smith

(a) Residence: No. 2909 Kirk Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	Married

6. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Julia Smith

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	44	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jobbing work
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?
12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?
17. INFORMANT Hospital record.
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 15 1933
19. UNDERTAKER Ritz Wudefeld
(Address) 917 Greenmount Ave
20. FILED DEC 14 1933 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-10 . 1933 to 12-12-33 . 19

I last saw h~~im~~ alive on 12-12 . 1933 Death is said to have occurred on the date stated above, at 6 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	10-30-33
Pleurisy with effusion	?
Tuberculosis	Prior to above

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. M. Mascuellor M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96248

CERTIFICATE OF DEATH

108 E 96248

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St. 8-01 Ward)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Bennett

(a) Residence: No. 2011 Clifwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 22nd 1882

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Ernst Bennett

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Mueller

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Marie Freter

(Address) 2011 Clifwood Ave.

BURIAL, CREMATION, OR REMOVAL

Place Trinity Cemetery Date 12/14 1933

UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1933 to December 11, 1933

I last saw h.. alive on December 11, 1933 Death is said to have occurred on the date stated above, at 2.08 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myomata uteri	1
Exhaustion	1
Terminal pneumonia	1

Other contributory causes of importance:

Name of operation Hysterectomy Date of 12-2-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. M. Mueller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96249

CERTIFICATE OF DEATH

E 96249

95-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Eagle 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam Snyder

(a) Residence: No. 3011 Eagle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Helena Snyder

DATE OF BIRTH (month, day, year) Jan. 24-1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lgr Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME August Snyder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Buchert

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Helena Snyder

(Address) 3011 Eagle St

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date 12/14/33

UNDERTAKER Leonard Pines

(Address) 2005 Eutaw St

DEC 14 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13 1933 to Dec. 11 1933

I last saw him alive on Dec 11 1933. Death is said to have occurred on the date stated above, at 8.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Disease	

Other contributory causes of importance:

Cardiac Insufficiency Pulm Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis Krause, M. D.

(Address) Med. Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 96250

92-001

REGISTERED NO.

96250

1-PLACE OF DEATH

City of BALTIMORE: (No. 1027 Druid Hill Av. Ward 11-01)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Toadvine

(a) RESIDENCE NO. 1027 Druid Hill Av. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race Colored

5 Single, Married, Widowed, or Divorced. (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Toadvine

6 DATE OF BIRTH (month, day, and year) Mar. 1856

7 Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
77	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Investigator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md.

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant (Address) Jesse W. Tedder 426 W. Biddle St

Filed ... 19 ... Registrar

DEC 14 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov. 6 1933, to Dec 10, 1933, that I last saw him alive on Nov. 8, 1933, and that death occurred, on the date stated above, at 12:5 A m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

Endocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) one mos.

1* Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Edwin K. Ballard M. D.

12-13 1933 (Address) 1622 Mt Royal Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery Date of Burial Dec 14 1933

20 UNDERTAKER Jesse W. Tedder ADDRESS 426 W. Biddle St.

M. D. B. 1268-0 E 96251 E 96251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82.001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Sherman

(a) Residence: No. 401 S. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Jacob

DATE OF BIRTH (month, day, year) 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Nathan Foigel

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Ida Goldstein

(Address) 401 S. Eden st

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Dec 14 1933

UNDERTAKER J. J. Levin & Bro

(Address) 1114 E. Baltimore st.

FILED 12 14 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-12, 1933 to 12-14, 1933

I last saw her alive on 12-14, 1933. Death is said to have occurred on the date stated above, at 6.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Card. Insufficiency.	
Cerebral Hemorrhage right	
Left hemiplegia	
Bronchopneumonia.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Cl. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry B Mokover M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 96252

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96252

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Bellona Ave. 7-1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 71 yrs. 1 mos. 15 ds.

2. FULL NAME Dora Katherine Carter

(a) Residence: No. 6000 Bellona Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Thos. J. Carter 1866

DATE OF BIRTH (month, day, year): Oct 27 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Proprietor Inn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Edgewood Sanatarium

10. Date deceased last worked at this occupation (month and year): 10 Years

11. Total time (years) spent in this occupation: 40 yrs

BIRTHPLACE (city or town) (State or country): Shenandoah Valley Virginia

13. NAME: Rus Addison Keller

14. BIRTHPLACE (city or town) (State or country): Shenandoah Valley Virginia

15. MAIDEN NAME: Sarah E. Rinker

16. BIRTHPLACE (city or town) (State or country): Shenandoah Valley Virginia

INFORMANT: Mrs Robt Trussell Taylor

(Address): 6000 Bellona Ave

BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Dec 14 1933

UNDERTAKER: Sherwood Memorial Co.

(Address): 1811 Maryland Ave.

FILED: Dec 15 1933 E. C. Wolf Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933 to Dec. 12, 1933

I last saw her alive on Dec. 12, 1933 Death is said to have occurred on the date stated above, at 1 20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	12/12/33

Other contributory causes of importance:

arteriosclerosis	11/11/32
hypertension	11/11/32
cerebral hypoxemia	11/11/32

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. Holmes Ford M. D.

(Address) 104 W. Madison St.

M. D. F. 1948-8

E 96253

96253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5102 St. Georges Ave. St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nancy Lee Walker.

(a) Residence: No. 510 St Georges ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced WIFE of (or) HUSBAND of

DATE OF BIRTH (month, day, year) Dec 12 1933 1-45 AM

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME John George Weller

14. BIRTHPLACE (city or town) (State or country) London England

15. MAIDEN NAME Margaret Mary Murray

16. BIRTHPLACE (city or town) (State or country) Dufness Scotland

INFORMANT Nellie Weller

(Address) 510 St Georges ave

BURIAL, CREMATION, OR REMOVAL

Interred Cemetery Date Dec 14. 1933

UNDERTAKER Chas V. Black

(Address) 742 W. Fayette ave

FILED Huntington Williams Registrar

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13. 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12- 1933. to Dec. 13 - 1933.

I last saw her alive on Dec. 13 - 1933. Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dudley T. Howe, M. D.

(Address) 2- 00 E. Read St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Nolan

(a) Residence: No. Sinai Hospital St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-12-33

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
newborn			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Sinai Hospital Baltimore Maryland

13. NAME Jack Nolan

14. BIRTHPLACE (city or town) (State or country) Easton Pa

15. MAIDEN NAME Katherine Nolan

16. BIRTHPLACE (city or town) (State or country) Elkton Md

INFORMANT Jack Nolan
(Address)

BURIAL, CREMATION, OR REMOVAL
Place U. of Md. Med. College Date Dec 14 19 33

UNDERTAKER ...
(Address) ...

FILED 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12-1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Non viable Premature	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Archie Robert Nolan M. D.

(Address) Sinai Hospital

M. D. B. 1268-0

1712 E. Chase E 96255

96255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Nolan

(a) Residence: No. Sinai Hospital St., ... Ward. .....
(Usual place of abode) 1712 E. Chase St (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-12-33.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 45 min.
Newborn			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sinai Hospital Baltimore Maryland

13. NAME Jack Nolan

14. BIRTHPLACE (city or town) (State or country) Easton, Pa.

15. MAIDEN NAME Katherine Lutzman

16. BIRTHPLACE (city or town) (State or country) Elkton Md.

INFORMANT Jack Nolan
(Address) 1712 East Chase St.

BURIAL, CREMATION, OR REMOVAL
Place Jos. Med. College Date Dec 14 19 33

UNDERTAKER .....
(Address) .....

FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13 . 1933.

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Non viable Premature	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis Robert Cohen, M. D.

(Address) Sinai Hospital

B. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Kaufman

(a) Residence: No. Church Home & Infirmary Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

DATE OF BIRTH (month, day, year)

6. AGE Years	Months	Days	If LESS than 1 day, 4 hrs. or 30 min.
New Born			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New Born

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New Born

9. Date deceased last worked at this occupation (month and year) New Born

11. Total time (years) spent in this occupation N.B

10. BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME Arthur Kenneth Kaufman

13. BIRTHPLACE (city or town) (State or country) Hagerstown Indiana

14. MAIDEN NAME Edna Pearl Johnson

15. BIRTHPLACE (city or town) (State or country) Elkridge Md.

16. INFORMANT Arthur Kenneth Kaufman
(Address) Elkridge

17. BURIAL, CREMATION, OR REMOVAL Removal
Place Baltimore City Date Dec 14 19 33

18. UNDERTAKER [illegible]
(Address) [illegible]

19. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13-33 19

22. I HEREBY CERTIFY, That I attended deceased from 12-13-33 19 to 12-13-33 19

I last saw him alive on 12-12-33 19 Death is said to have occurred on the date stated above, at 7.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity, 6 months	
Other contributory causes of importance: Maternal Nephritis	
Dextrocardia.	6 weeks

Name of operation Normal delivery Date of 12-13-33

What test confirmed diagnosis? Weight Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Gerald H. Pradas M. D.

(Address) Church Home & Inf.

D. B. 1268-9

F E 96257

96257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 N. Dallas St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pauline Brown

(a) Residence: No. 715 N. Dallas St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 30/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME OF FATHER William Davis

14. BIRTHPLACE (city or town) (State or country) Charlestown Va

15. MAIDEN NAME OF MOTHER Annie May Brown

16. BIRTHPLACE (city or town) (State or country) Charlestown Va

17. INFORMANT Annie May Brown

(Address) 715 N. Dallas

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Dec 14 1933

19. UNDERTAKER Jos. Weishaar Funeral Home

(Address) 1933 Huntington Ave Baltimore Md

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	
Sepsis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. H. Kellam M. D.
Coroner

(Address) 508 E Ironsides

M. D. B. 1268-9

E 96258

96258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 2 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Kearney

(a) Residence: No. 1905 Mt Henry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Kearney

DATE OF BIRTH (month, day, year) Sept 14th 1893.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland U.S.

12. NAME James Kelly

13. BIRTHPLACE (city or town) (State or country) West Va

14. MAIDEN NAME Ellen M. Kingate.

15. BIRTHPLACE (city or town) (State or country) West Va.

INFORMANT Mr Edward Kearney

(Address) 1905 Mt Henry St

BURIAL, CREMATION, OR REMOVAL

Place Mosley Lane Date 12/15/ 1933

UNDERTAKER John J. Edwards Son

(Address) 921 Hollins St.

FILED Huntington, W. Va. Dec 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1933 to Dec 12, 1933.

I last saw her alive on Dec 12, 1933. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Stroke or (Cerebral Hemorrhage)	
Hypertension & Uremia	

Other contributory causes of importance:

Hypertension	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) D. T. Drane M. D.

(Address) Franklin Sq Hospital

M. D. B. 1269-9

CE 96259

96259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 78

1. PLACE OF DEATH Franklin Square Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 22 yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Papera PAPA

(a) Residence: No. 639 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 11th 1903

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	6	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Vincent Papa

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Minnie Branco

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mrs. Vincent Papa

(Address) 639 W. Saratoga St

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/15/ 1933

UNDERTAKER John J. Cowan & Son

(Address) 1401 Hollins St

Huntington Williams M.D.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-5-33, 19..., to 12-12-33, 19...

I last saw h... alive on 12-12, 1933 Death is said to have occurred on the date stated above, at 6 16 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	12-1-33
(Coma)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Ruben, M. D.

(Address) Franklin Sq Hosp

c.—1-30—M. & T.—250 Blks

E 96260

96260

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 159

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1026 N. Stricker ST. 16-01 WARD)

2-FULL NAME Baby Harper

(a) RESIDENCE NO. 1026 Stricker N ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 hour & 10 dys. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 12-13-1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or 20 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) 1026 Stricker St

(State or country) Baltimore Md

NAME OF FATHER Louis Harper

BIRTHPLACE OF FATHER (city or town) Dennwood Co:

(State or country) Va

MAIDEN NAME OF MOTHER Dora White

BIRTHPLACE OF MOTHER (city or town) Dennwood Co:

(State or country) Va

Informant Dora Harper

(Address) 1026 Stricker St

Filed ....., 19 ..... Registrar

1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-13-1933

17 I HEREBY CERTIFY, That I attended deceased from 12-13, 1933, to 12-13, 1933,

that I last saw her alive on 12-13, 1933,

and that death occurred, on the date stated above, at 6:40 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

was five month development

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mother Pelvic Abscess 12-10-33

(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Frank L. Saunders, M. D.

(12-14 19) (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Dec 14 19 33

20 UNDERTAKER: Commissioner Health.

ADDRESS

H. D. B. 1268-9

E 96261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Young

(a) Residence: No. Mt Hope Retreat St., Ward Glen Rock Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Jan 12, 1865

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Penna

13. NAME Granvill Young

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lydia Eppely

16. BIRTHPLACE (city or town) (State or country) Denmark

INFORMANT Mt Hope Retreat
(Address) Mt. Hope Retreat

BURIAL, CREMATION, OR REMOVAL
Place Glen Rock Pa Date 12/14 19 33

UNDERTAKER E. Griffith & Son
(Address) Glen Rock Pa.

Filed ... 19 ... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1925 to Dec 14 1933

I last saw h.im alive on Dec 14 1933 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	?
Valvular Insufficiency	?
Dropsy.	

Other contributory causes of importance:

Chronic Manic Psychosis	1903

Name of operation Physical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hill M. D.

(Address) Mt Hope Retreat

ACo. 5-31 250B

E 963262

HEALTH DEPARTMENT—CITY OF BALTIMORE

963262

131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 E. Fairmont ave St., 5-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Henrietta Carr

(a) Residence: No. 1423 E. Fayett St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Col	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Joshua Carr

DATE OF BIRTH (month, day, year) Mar. 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
a	75	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Cambridge
(State or country) Md

13. NAME Edward Dodson

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

INFORMANT George Noble

(Address) 1423 E. Fairmont Ave

BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date 12/15/1933

UNDERTAKER Chas G. Harley

(Address) 1421 Jefferson St

FILED DEC 14 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-11-1933 to 12-12-1933

I last saw h[illegible] alive on 12-11-1933. death is said to have occurred on the date stated above, at 5,10 P m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis — Date of onset unknown

Other contributory causes of importance:

Arteriosclerosis — unknown

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wm D Langer, M. D.

(Address) 611 N Chas

D. B. 1268-9

96263 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 96263

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Roslyn Avenue St. 15-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Persis Ruth Greer

(a) Residence: No. 2209 Roslyn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clinton P. Greer

DATE OF BIRTH (month, day, year) April 30, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 097

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Iowa

10. NAME John Ruth

12. BIRTHPLACE (city or town) (State or country) Harford County Maryland

13. MAIDEN NAME Rawley

14. BIRTHPLACE (city or town) (State or country) Iowa

INFORMANT Mr. Clinton P. Greer
(Address) 2209 Roslyn Ave.

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Dec. 16, 1933

UNDERTAKER Joseph D. Cook
(Address) 1903 E. Baltimore St.

FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1933

22. I HEREBY CERTIFY, That I Attended deceased from [illegible], 19

I last saw h[illegible] on [illegible] between Death is said to have occurred on the date stated above, at 3-4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
1 year	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Knuth. M. D.

(Address) North Ave. & Division St. Coroner

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hospital St. 19-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Doerksen (Elizabeth Doerksen)

(a) Residence: No. 505 N. Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-24-1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania

12. NAME Rev. Jacob Doerksen

14. BIRTHPLACE (city or town) (State or country) Elburg Germany

15. MAIDEN NAME Mary A. Light

16. BIRTHPLACE (city or town) (State or country) Snyder County Pennsylvania

INFORMANT Mrs. Emma C. Bernard

(Address) 505 N. Fulton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec. 16, 1933

UNDERTAKER Joseph E. Cook

(Address) 1003 N. Baltimore St.

1933 Huntington Pittsburgh Reg. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-10-33, 19, to 12-13-33, 19

I last saw her alive on 12-13-33, 19. Death is said to have occurred on the date stated above, at 10½ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	

Other contributory causes of importance:

Pernicious Anaemia

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Garrison, M. D.

(Address) Bon Secours Hosp.

r.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E 96265

96265

CERTIFICATE OF DEATH.

210-001

REGISTERED NO.

1-PLACE OF DEATH

y of BALTIMORE: (No. South Balto Hospital St. 23 Ward

2-FULL NAME George M Barr

(a) RESIDENCE NO. 1436 Hanover St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Emily L. Barr

7 DATE OF BIRTH (month, day, and year) Nov 10, 1858

8 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	75	1	3	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired 030
(b) General nature of Industry, business, or establishment in which employed (or employer): B & O Engineer
(c) Name of employer

10 BIRTHPLACE (city or town) Howard Co Md
(State or country)

11 NAME OF FATHER James Barr

12 BIRTHPLACE OF FATHER (city or town) Howard Co Md
(State or country)

13 MAIDEN NAME OF MOTHER Elizabeth Hayes

14 BIRTHPLACE OF MOTHER (city or town) Howard Co Md
(State or country)

15 Informant Emily L. Barr
(Address) 1436 Hanover St

16 Burial Huntington Williamsport Md
Date of Burial 8 Dec 33

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 13, 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above. 7.45 P.M.

The CAUSE OF DEATH* was as follows:

Fractured Skull
Uraemia
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Automobile Accident
Struck by auto on Hanover St Dec 12, 1933
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. A. Pokorny (Coroner)

, 19 (Address) 2200 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs.. mos.. ds. In the state yrs.. mos.. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem Dec 16 1933

20 UNDERTAKER A. Howard Evans ADDRESS 38 E. Lanvale

M. D. B. 1268-9

B 96266

96266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 50 V

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Catherine Hyland

(a) Residence: No. 60 Cockeysville Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Sing e

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) aug 27 1884

AGE Years	Months	Days	If LESS than 1 day... hrs. or min.
34	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year) October

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Cockeysville, Maryland

13. NAME Martin Hyland

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Catherine Bowers

16. BIRTHPLACE (city or town) (State or country) Texas Md

17. INFORMANT Hospital Records

(Address) Mercy Hospital Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place St. Joseph's Cemetery Date Dec 16 1933

19. UNDERTAKER [illegible]

(Address) Huntington Delaware, O.

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1933 to Dec 14 1933

I last saw h[illegible] alive on Dec 13 1933. Death is said to have occurred on the date stated above, at 12 50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	?
Generalized Carcinomatosis Lung Liver Spinal Column etc	

Other contributory causes of importance:

Name of operation Radical amputation Breast Date of 7-2-1933

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. D. Berkemeyer M. D.

(Address) Mercy Hospital Balt. Md.

C. D. B. 1268-0

279773 mid

E 96267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-01 St. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sally Schneider

(a) Residence: No. 928 Fulton Ave St., Ward. Osler 4.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	W.

6. If ~~married, widowed, or divorced~~ (or) WIFE of Theodore C. Schneider

7. DATE OF BIRTH (month, day, year) March 5, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	75	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles Childs

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Katherine Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 16 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E. Pratt St

20. FILED Dec 14 1933, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1933 to Dec. 14, 1933

I last saw her alive on Dec. 14, 1933 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/1/33
Other contributory causes of importance: arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Carmichael Pilcher M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

96268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96268

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 N Washington St. 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith Wilmot

(a) Residence: No. 1707 N Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Wilmot

DATE OF BIRTH (month, day, year) Dec 12, 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Alexander Fay

14. BIRTHPLACE (city or town) (State or country) Alexandria Va.

15. MAIDEN NAME OF MOTHER Catherine West

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hattie Speaker

(Address) 1707 N Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/15/33

19. UNDERTAKER Wm Cook & Son

(Address) 121 S Paul St

Huntington Williams Md

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to December 13 1933

I last saw her alive on December 12 1933 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	2 Yrs
Chronic Interstitial Nephritis	2 Yrs
Chronic Ulcer of Rectum	2 Yrs
Other contributory causes of importance: Influenza and Bronchial Pneumonia	20 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. A. Fowler M. D.

(Address) 2015 E. North Ave.

D. B. 1268-9

96269

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96269

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1016 St Paul St., 11-21 Ward)

gth of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME John H. Williams

(a) Residence: No. 1016 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace T.

ATE OF BIRTH (month, day, year) June 5-1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	6	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
7. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Auto Automatic Oil Burner
8. Date deceased last worked at this occupation (month and year) Dec 1933
11. Total time (years) spent in this occupation 10

9. BIRTHPLACE (city or town) (State or country) Portsmouth Va
10. NAME John A Williams
11. BIRTHPLACE (city or town) (State or country) Portsmouth Va
12. MAIDEN NAME Annie Elizabeth Waggoner
13. BIRTHPLACE (city or town) (State or country) Balto Md
14. INFORMANT Mrs Emma Waggner
(Address) 1016 St Paul St
15. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Dec 16th 1933
16. UNDERTAKER Lemmon Book
(Address) ~~1033 Huntington Parkway~~ 1033 Huntington Parkway, Balto
FILED 1933 Dec 16 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on Dec 14 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3 hrs

Other contributory causes of importance:

about 2 yrs

Name of operation None Date of .....

What test confirmed diagnosis? History Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) James M Fenton M. D.
Coroner

(Address) 100 E Chase

H. D. P. 1268-9 E 96270

E 96270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton ave - 01 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred. Straughan

(a) Residence: No. 1611 Eutaw Place St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lulu Straughan

DATE OF BIRTH (month, day, year) 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) 9/30

11. Total time (years) spent in this occupation 1 yr

BIRTHPLACE (city or town) (State or country) N. C.

12. NAME F. C. Straughan

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Mary Burroughs

16. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT Eugene Straughan

(Address) N. C.

BURIAL, CREMATION, OR REMOVAL North Carolina

Place Hebron Church Cemetery 12/15 1933

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED 1933 Registrar. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1933 to Dec 14 1933

I last saw him alive on Dec. 14 1933 Death is said to have occurred on the date stated above, at 10 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis with emphysema	1930
Cirrhosis of the liver (toxic?)	1933
Perinephritic abscess	1933

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl G. Birkhead M. D.

(Address) St Agnes Hosp

M. D. B. 1268-9

E 96271

E 96271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 12-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Charles Aparts 3333 N.Charles St. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Gees Hooper

(a) Residence: No. 3333 N.Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alcaeus Hooper

DATE OF BIRTH (month, day, year) Mch 23.1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9 8	21 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Benj. F. Gees

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Chase

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Alcaeus Hooper

(Address) Charles Aparts.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date Dec. 15. 1933

UNDERTAKER John J. Butler & Son

(Address) 1900 Eutaw Place

[illegible] 15 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13. 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 9 1933 to Dec. 13 1933

I last saw her alive on Dec 13 1933 Death is said to have occurred on the date stated above, at 5 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset Prior to
Senility. Arteriosclerosis	
Hypertension. Mitral	3/9/33.
insufficiency. Myocardial	
insufficiency - (urgent cause	12/6/33
Other contributory causes of importance:	
Terminal Bronchopneumonia.	12/9/33

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul H. Gelbaugh M. D.

(Address) 24 E. Eager St.

D. B. 1268-9

E 96272 ✓ E 96272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4616 Frankford Ave St., 21-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Evelyn M. Jones

(a) Residence: No. 4616 Frankford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) Oct 12-1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) — spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Edward G. Baker

14. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

15. MAIDEN NAME Lillie Wise

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT William Jones

(Address) 4616 Frankford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 12/16/33

19. UNDERTAKER William Corbett

(Address) 817 St Paul St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1933 to Dec. 13, 1933.

I last saw h[illegible] alive on Dec 13 1933 Death is said to have occurred on the date stated above, at 5:30 A.M. 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	?

Other contributory causes of importance:

Tuberculosis Pneumonia	12-7-33
Tuberculosis ~~Tuberculosis~~ Peritonitis	July 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Michael Rosenfeld M. D.

(Address) 7404 Eastern Ave.

D. B. 1268-9 E 96273 ✓ E 96273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 S. Charles St., 23-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susan Smith

(a) Residence: No. 1634 S. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Nicholas D. Smith

DATE OF BIRTH (month, day, year) Nov 26th 1846

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William Rousay

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Blanche Sanders

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT (Address) Mrs Bessie Pensel 1634 S. Charles St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 15th 1933

UNDERTAKER (Address) Wm Cook 1217 St Paul St

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 14 1933 to Dec 13 1933

I last saw h[illegible] alive on Dec 13 1933 Death is said to have occurred on the date stated above, at 1045 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	6 mo.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Mitchell M. D.

(Address) 1259 Mulberry St

D. B. 1933-9 E 96274 ✓ E 96274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5302 Fern Park Ave Ward) 20-01

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Lutz

(a) Residence: No. 2229 W. Lexington St., Ward. Howard Park
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John R. Lutz

6. DATE OF BIRTH (month, day, year) Dec 3rd 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	0	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X | 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Powers

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sophia Amick

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Wm Kuhnle

(Address) 5302 Fern Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 16th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1933 to Dec 13 1933

I last saw h[illegible] alive on Dec 12 1933 Death is said to have occurred on the date stated above, at 5:55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2
Liver	
Other contributory causes of importance: Carcinoma	1940

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) James F. Kitzinger M. D.

(Address) 721 Medical Arts

D. R. 1933 E 96275 ✓ E 96275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 Towson St., 24-21 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Hohmann

(a) Residence: No. 1208 Towson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Hermann Hohmann

DATE OF BIRTH (month, day, year) Mar 1st 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Marius Brandt

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Eric Schwingruber

(Address) 1321 Cookcit St

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 16, 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to Dec 13th, 1933

I last saw her alive on Dec 13, 1933. Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	Sept 1933
Other contributory causes of importance: Myocarditis	1933
Chronic Interstitial Nephritis	1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney A. Strull, M. D.

(Address) 450 E First ave.

E 96276

E 96276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 507 Francis St., 13-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roberta M. Russ

(a) Residence: No. 2507 Francis St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Russ

DATE OF BIRTH (month, day, year) April 9, 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Wm H Ohl

14. BIRTHPLACE (city or town) (State or country) Balto, Md

15. MAIDEN NAME Roberta M Meyers

16. BIRTHPLACE (city or town) (State or country) Pittsburgh Penna

INFORMANT Wm Russ

(Address) 2507 Francis St.

BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Dec 16 1933

UNDERTAKER Harry W. Ehlen

(Address) 1924 Aisquith

FILED 19 Registrar.

DEC 15 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1927 to Dec 13, 1933

I last saw her alive on Dec 13, 1933 Death is said to have occurred on the date stated above, at 12 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic endocarditis, myocarditis	1926
chronic myocarditis	1927

Other contributory causes of importance:

Name of operation none Date of No

What test confirmed diagnosis? usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lambert Kurop M. D.

(Address) 3030 Edmondson Ave

D. B. [illegible] 96277 ✓ E 96277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 18-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William H. Wentz.

(a) Residence: No. 836 Cloney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary. Wentz.

6. DATE OF BIRTH (month, day, year) Oct 24 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Ref. Co

9. Date deceased last worked at this occupation (month and year) 0 | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME OF FATHER John J. Wentz.

13. BIRTHPLACE (city or town) (State or country) Germany.

14. MAIDEN NAME OF MOTHER Not Known

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT Mrs. Louisa Kraft

(Address) 600 Clarmont St

17. BURIAL, CREMATION, OR REMOVAL Bur. (Violetwood) 12/16th 1933

18. UNDERTAKER Mrs Chas A G Rohde

(Address) 2327 Edmondson Ave

19. FILED [illegible] 19[illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12th 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 . to [illegible] 19

I last saw h alive on [illegible] 19 . Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

Rev.—2-19-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96278

CERTIFICATE OF DEATH

96278

93-003

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. 3704 Mowhawk Ave ST. 28-01 (WARD)

2—FULL NAME Lanisa Meedora Boetler

(a) RESIDENCE NO. 3704 Mowhawk Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of: George W Boteler

DATE OF BIRTH (month, day, and year): Aug 8 - 1855

AGE: 78 Years | Months 8 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none do

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

BIRTHPLACE (city or town) (State or country): Balto Md

NAME OF FATHER: Joseph Johnston

BIRTHPLACE OF FATHER (city or town) (State or country): West Virginia

MAIDEN NAME OF MOTHER: Elizabeth Green

BIRTHPLACE OF MOTHER (city or town) (State or country): West Virginia

Informant: Mrs Jessie Dorsch

(Address) 3704 Mowhawk Ave

Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-13-33

17 I HEREBY CERTIFY, That I attended deceased from Aug 1933 to Dec 13 1933,

that I last saw her alive on Dec 12 1933

and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm Delany Thomas, M. D.

12/15, 1933 (Address) Med. Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk Cemetery — DATE OF BURIAL: Dec 15th 1933

20 UNDERTAKER: George J Smith — ADDRESS: 1900 Eutaw Place

E 96279

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96279

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Kelly ave ST., Mt Washington WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia A. Wright

(a) RESIDENCE NO. 2008 Kelly ave ST., Mt. Washington WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard W.

6 DATE OF BIRTH (month, day, and year): Nov. 13 - 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	66		29	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Rupert W Va

9 NAME OF FATHER: Arquilla Phillips

10 BIRTHPLACE OF FATHER (city or town) (State or country): Rupert W Va

11 MAIDEN NAME OF MOTHER: Priscilla Scott

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Rupert W Va.

Informant: Chas. H. Wright

(Address): 2024 Kelly Ave

Filed: 13 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 12 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1933, to Dec. 12, 1933, that I last saw h[illegible] alive on Dec. 11, 1933 and that death occurred, on the date stated above, at 12:30 a m.

The CAUSE OF DEATH* was as follows:

Clinic Vascular Heart Disease

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? — Date of

Was there an autopsy? Yes

What test confirmed ~~diagnosis~~?

(Signed) Louis D. Johnson M. D.

, 19 (Address) 2329 - Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 12/15/1933

20 UNDERTAKER: Mrs. George H. Holla

ADDRESS: 1631 Eutaw Pl

M. D. B. 1268-0

E 96280

E 96280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 248 S. Bethel St., B-01 Ward)
Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Johnson

(a) Residence: No. 248 S. Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Dec 16 1899

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	11.	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Delaney Woods Co.

10. Date deceased last worked at this occupation (month and year) Aug 1933

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Harry Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Camilla Dyson

16. BIRTHPLACE (city or town) (State or country) Barbadoes

INFORMANT Camilla Johnson (Address) 248 S Bethel St

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Dec 16 1933
UNDERTAKER Mrs R A Elliott (Address) 1127 N Carrollton

FILED Dec 18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 33 to Dec 13 33
I last saw him alive on Dec 12 1933 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 5 33
Other contributory causes of importance: La Grippe	Dec 1 33

Name of operation ... Date of ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Richard L Erdmann M. D.
(Address) 1514 E. Baltimore Baltimore Md

H. D. B. 1268-0 E 96281 E 96281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Dulaney St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Carl

(a) Residence: No. 2512 Dulaney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine Carl

DATE OF BIRTH (month, day, year) Oct 19 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	23.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Carl

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Hamburger

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Geo. Carl

(Address) 2512 Dulaney St.

BURIAL, CREMATION, OR REMOVAL

Place Mortuary Date Dec 15, 1933

UNDERTAKER F. B. Hafer & Son

(Address) 1200 Eutaw Place

FILED DEC 19 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 1933 to Dec 12 1933

I last saw h alive on Dec 11 1933 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomata of Stomach	
Metastasis of Liver	
Obstructed Intestines	
Ascites Edema	
Other contributory causes of importance:	
Pulmonary Oedema	

Name of operation None Date of

What test confirmed diagnosis Clinical there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert C. Mitchell M. D.

(Address) 2151 Wilkens Ave

E 96282 ✓ E 96282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 E. Randall St. 24-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank P. Tangney

(a) Residence: No. 124 E. Randall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Tangney

7. DATE OF BIRTH (month, day, year) Sept. 19. 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME John Tangney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Kirk

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Frank Tangney

(Address) 124 E. Randall St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/16 1933

UNDERTAKER Margaret L. Flynn

(Address) 1422 Eutaw St.

FILED ... Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1933 to December 13 1933

I last saw him alive on Dec 13 1933 Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3 days
Other contributory causes of importance:	
Influenza	4 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. H. Zeltz M. D.

(Address) 1519 Williams St

Spec.—1-10-21—MAT. 200M

E 96283 ✓ E 96283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 S. Rose ST. 1-01 WARD)

2-FULL NAME Joseph Poremski

(a) RESIDENCE NO. 810 S. Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rozalie Poremski

DATE OF BIRTH (month, day, and year) Nov. 2 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pensioner (Germany)

(b) General nature of industry, business, or establishment in which employed (or employer) 004

(c) Name of employer Balto Copper Works.

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Thomas Poremski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marianna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Joseph Poremski

(Address) 810 S. Rose St.

Filed DEC 5 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 9 1933 to Dec 12 1933

that I last saw him alive on Dec 12 1933

and that death occurred, on the date stated above, at 10:10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) yrs. unknown ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? —

(Signed) Frank A. Sampoli, M. D.

12/14 1933 (Address) 2431 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. DATE OF BURIAL Dec 16 1933

20 UNDERTAKER J. Kelly J. Leatherbury IN ADDRESS Wm. Harris

L. D. B. 1930 E 96284 Maggio ✓ E 96284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St. 1st-A Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 53 yrs. mos. ds.

2. FULL NAME Salvatore Maggio

(a) Residence: No. 1908 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) Feb.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (Emit Co)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ST

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy
(State or country)

13. NAME unknown

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Frank Maggio

(Address) 1707 Raven ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Pleasant Date 12/16/33

19. UNDERTAKER Chas. J. Flynn & Son Inc

(Address) 1001 E Baltimore ave

FILED 12-16-33, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1933, to December 13, 1933

I last saw him alive on December 13, 1933. Death is said to have occurred on the date stated above, at 10:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Anteris - sclerosis	
2. Hypertension	
3. Cerebral hemorrhage (apoplexy)	12-6-33

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. M. Magruder, M. D.

(Address) St. Joseph's Hospital Baltimore, Md.

D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96285 181 E 96285

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hospital St., 26-01 Ward)

gth of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary A. Gray

(a) Residence: No. 939 So. Boulain st. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) March 24/1928

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	7	19	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 0 0

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

3. NAME Edward A. Gray

4. BIRTHPLACE (city or town) (State or country) Balto. Md.

5. MAIDEN NAME Magdalen Rose

6. BIRTHPLACE (city or town) (State or country) Balto. Md.

NFORMANT Edward A. Gray
(Address) 939 So. Boulain St. City.

URIAL, CREMATION, OR REMOVAL Date Dec. 18/33 19

Place Sacred Heart of Jesus

NDERTAKER Lilly & Zuber Inc.
(Address) 40 [illegible]

ILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13/33. 19

22. I HEREBY CERTIFY, That I attended deceased from — 19 — to — 19

I last saw h — alive on — 19 Death is said to have occurred on the date stated above, at 4/30 m.

The principal cause of death and related causes of importance were as follows:

Accidental Burns

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 12/13, 19

Where did injury occur? 939 S Boulaine (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Igniting Stove

Nature of injury Burns 2nd & 3rd DEG

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1005 N Bellison Pk

M. D. F. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

96286

CERTIFICATE OF DEATH

113 E 96286

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5-0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Waldt

(a) Residence: No. 517 N. Stiegel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Mary Waldt (Dead)

DATE OF BIRTH (month, day, year): May 6, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Sweden

13. NAME: Laurence Waldt

14. BIRTHPLACE (city or town) (State or country): Sweden

15. MAIDEN NAME: Hava ?

16. BIRTHPLACE (city or town) (State or country): Sweden

INFORMANT: Records (Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL: Place Mt. Lebanon State Dec 15 '33

UNDERTAKER: Selby & Zuberlin (Address) 403 So. Wolfe St.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1933, to December 14, 1933

I last saw deceased alive on December 14, 1933 Death is said to have occurred on the date stated above, at 6.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Edema of Lungs	Dec

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Pascoe, M. D.

(Address) Balt. City Hosp.

D. B. 1265-6 96287

✓ E 96287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Callow Ave. St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Oscar Anderson

(a) Residence: No. 2211 Callow Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Duvall Anderson

DATE OF BIRTH (month, day, year) September 6, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

9. Date deceased last worked at this occupation (month and year) Nov. 30, 1933

11. Total time (years) spent in this occupation 52 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Jesse Norris Anderson

14. BIRTHPLACE (city or town) (State or country) Harford County Maryland

15. MAIDEN NAME Elizabeth Jane Carmeign

16. BIRTHPLACE (city or town) (State or country) Dorchester County Maryland

INFORMANT Mrs. Mollie D. Anderson

(Address) 2211 Callow Avenue

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Dec. 16, 1933

UNDERTAKER Joseph L. Cook

(Address) 1003 W. Baltimore St.

FILED DEC 15 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12th, 1933, to Dec. 14th, 1933

I last saw him alive on Dec. 14th, 1933. Death is said to have occurred on the date stated above, at 2.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left ilium isolumen and Sarcoma	July 1933
arterio Sclerosis	1932
Other contributory causes of importance: Carcinoma of lung (Cancer Cachexia)	Nov. 93

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. G. Nicholson, M. D.

(Address) 2230 Eutaw Place

E 96288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lexington

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Yetta Walowitz

(a) Residence: No. Belvedere & Greenspring St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Leo Gershone

DATE OF BIRTH (month, day, year) 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sig. Friedman

(Address) Belvedere & Greenspring

BURIAL, CREMATION, OR REMOVAL Interred Mt. Carmel

Date Dec 15 1933

UNDERTAKER Sol Levinson & Bro

(Address) 1127 E. Baltimore St.

DEC 15 1933

Huntington Robertson, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1930 to Dec 15, 1933

I last saw her alive on Dec 15, 1933 Death is said to have occurred on the date stated above, at 2:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	12-11-33
Hypertension	
Arteriosclerosis	
Hemiplegia	
Chronic valvular disease	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

D. H. 1268-2

E 96289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5614 Plymouth Rd St. 27-01 (Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ora H. Shelley

(a) Residence: No. 5614 Plymouth Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Felty E. Shelley

6. DATE OF BIRTH (month, day, year) Oct 1/1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Altoona, Pa.

13. NAME OF FATHER William G. Rapold

14. BIRTHPLACE (city or town) (State or country) Warrior's Mark. Pa.

15. MAIDEN NAME OF MOTHER Juniata Finch

16. BIRTHPLACE (city or town) (State or country) Warrior's Mark. Pa.

17. INFORMANT Felty E. Shelley
(Address) 5614 Plymouth Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Mem. Pk. Date 12/16 1933

19. UNDERTAKER Leonard J. Cusk Inc
(Address) 5505 Ladford Rd.

20. FILED Dec 15 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at A. M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage-Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos H Sacra M. D.
Coroner

(Address) 508 E Fayette

K. D. B. 1268-0 E 96290 ✓ E 96290

27972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-21 Ward)

Length of residence in city or town where death occurred 1d yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Kirschbaum

(a) Residence: No. 748 Mc Cabe St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Dec 7 - 33

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Robt Kirschbaum

14. BIRTHPLACE (city or town) (State or country) 2

15. MAIDEN NAME Virginia

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Dec 15 19 33

UNDERTAKER Wm Cook Sr
(Address) 1217 E Fayette St

FILED Dec 15 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-15 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 , 1933 to Dec-15 , 1933
I last saw her alive on Dec 15 , 1933 Death is said to have occurred on the date stated above, at 2 15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	2 ds.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
no ... If so, specify ...

(Signed) Maurice S. Hoffett M. D.

(Address) Johns Hopkins Hospital

H. D. R. 1268-9 E 96291 ✓ E 96291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Gould

(a) Residence: No. 642 Greenmeadow St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Gould (Dead)

DATE OF BIRTH (month, day, year) Mar. 20 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69 ?	8	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER George Gould

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME OF MOTHER ? Parker

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Records (Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Dec. 15 1933

UNDERTAKER Chas C. Wilson (Address) 1000 Bwanley avenue. Huntingtown Williamsville Md.

FILED DEC 15 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1933, to Dec. 11, 1933, I last saw him alive on Dec 11, 1933. Death is said to have occurred on the date stated above, at 8 50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Bronchopneumonia	Few days
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I P Magill, M. D.

(Address) Balt City Hosp

E 96292 ✓ E 96292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1714 St. Fayette ST. 19-C-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Agnes Burail

(a) RESIDENCE NO. 1714 St. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Apl. 24-1863

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	7	20	

OCCUPATION OF DECEASED 869

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) Hat Business

(c) Name of employer M. L. Levy & Son

BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

10 NAME OF FATHER Daniel H. Burail

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margt. A. [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia, Pa.

Informant Mrs. Catherine Conner, (Address) 1714 St. Fayette St.

Undertaker Edmund W. Conklin

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1933, to Dec 14, 1933, that I last saw her alive on Dec 14, 1933, and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M O'Neill M. D.

12/14, 1933 (Address) 1088 W Fayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery, DATE OF BURIAL Dec. 18, 1933.

20 UNDERTAKER Edmund W. Conklin, ADDRESS 924 E. Eager St.

T5 1933

D. B. 1268-9 E 96293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96293

CERTIFICATE OF DEATH

Registered No. 68

PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Edward Kroneberger

(a) Residence: No. 3614 Cottage Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 9, 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	6	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.

10. NAME OF FATHER William H. Kroneberger

11. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. MAIDEN NAME OF MOTHER Florence K. Warkmeister

13. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

14. INFORMANT Mr. W. E. Kroneberger
(Address) 3614 Cottage Ave.

15. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date Dec. 15, 1933

16. UNDERTAKER Wm. J. Tickner & Son
(Address) Worth & Fulton Sts.

17. Dec. 13 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: Addison's Disease ? yrs	

Name of operation Date of

What test confirmed diagnosis: inquiry Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Bauer Coroner, M. D.

(Address) 508 E. North Ave.

E 96294

8-16-29 L.B.S. E 96294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 96294

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE (No. 2906 Hollins Ferry Rd ST., 25th WARD)

FULL NAME Pauline Kelley

RESIDENCE NO 2906 Hollins Ferry Rd 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

of residence in city or town where death occurred 75 yrs. 0 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Widow

arried, widowed, or divorced
er) WIFE of Late John H. Kelley

OF BIRTH (month, day, and year) Nov 27 1858

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	0	17	

PATION OF DECEASED

Trade, profession or cular kind of work Housework. 037

General nature of industry, ess, or establishment in employed (or employer) —

Name of employer self

HPLACE (city or town) Baltimore
e or country)

AME OF FATHER Louis D. Muhl.

IRTHPLACE OF FATHER (city or town) Germany.
State or country)

AIDEN NAME OF MOTHER Augusta Wix.

IRTHPLACE OF MOTHER (city or town) Germany.
State or country)

formant Paul Kelley

ddress) 2902 Hollins F. Rd.

ed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14, 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 29, 1932, to Dec 14, 1933, that I last saw her alive on Dec 14, 1933, and that death occurred, on the date stated above, at 12 15 P.m.

The CAUSE OF DEATH* was as follows:

Acute dilation Heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of uterus

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Biopsy

(Signed) Thomas Wheeler M. D.

12/14, 1933 (Address) 2910 Hollins Ferry Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. | DATE OF BURIAL Dec. 16 1933

20 UNDERTAKER Wm J. Tuckner Sons | ADDRESS N. Pa

M. D. B. 1268-9 E 96295 E 96295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 45-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Spinard

(a) Residence: No. 1505 N. Carey St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Spinard

DATE OF BIRTH (month, day, year) April 16 - ?

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60?	7	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME Harvey Spinard

14. BIRTHPLACE (city or town) (State or country) W. Va

15. MAIDEN NAME Nancy Smith

16. BIRTHPLACE (city or town) (State or country) W. Va

INFORMANT Friends

(Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 16 19 33

UNDERTAKER Wm Katz & Williams

(Address) 311 Saratoga St

FILED Dec 16 19 33 Wm Katz & Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13 19 33

22. I HEREBY CERTIFY, That I attended deceased from April 18 1932 to December 13 1933

I last saw him alive on December 13 1933 Death is said to have occurred on the date stated above, at 7:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Nephritis, arteriosclerotic	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. Pinnell M. D.

(Address) Balt City Hosp.

E 96296

6-9-19—H. P. Co.—1000 Blks.

E 96296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2215 Wilkens Ave WARD 20-01)

2-FULL NAME Chas. Gerbig

(a) RESIDENCE. NO. 2210 Wilkens Ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb-14-1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder B&O R

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R R.

BIRTHPLACE (city or town) (State or country) Balto.

NAME OF FATHER Jno Gerbig

BIRTHPLACE OF FATHER (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Kath Oelrich

BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Wm Gerbig

Address 2210 Wilkens Ave

DEC 15 1933 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-14- 1933

17 I HEREBY CERTIFY, That I attended deceased from Apr. 26 1933 to Dec 14 1933

that I last saw him alive on Dec 14 1933

and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach with general metastases including liver and pancreas

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Apr-26-33

Was there an autopsy? Yes

What test confirmed diagnosis? Operation + clinical

(Signed) Wesley Cole M. D.

1933 (Address) 2201 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Evans Cullnder Lawn	Dec 16 1933
20 UNDERTAKER Harry N Armacost & Son	ADDRESS 4204 Ridgely

Z. D. B. 1268-9

E 96297 Armstead Pearson E 96297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 93-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Armstead Pearson

(a) Residence: No. 1024 Peach Alley, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Pearson

DATE OF BIRTH (month, day, year): Sept ? 61

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Alexandria Va

13. NAME: Sam Pearson

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Sarah Casey

16. BIRTHPLACE (city or town) (State or country): Va

INFORMANT (Address): Friends Balt City Hosp

BURIAL, CREMATION, OR REMOVAL

Place: University of Md Date: Dec 15 19 33

UNDERTAKER (Address):

FILED: Dec 16 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1933 to Dec 13 1933

I last saw him alive on Dec 13 1933 Death is said to have occurred on the date stated above, at 9.50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	?
Arteriosclerosis	8 wks
Bronchopneumonia	

Other contributory causes of importance:

Name of operation: Date of: No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Phaneuf M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-5 E 96298 E 96298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 26-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Smith

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Smith (Dead)

DATE OF BIRTH (month, day, year) Dec. 25 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Northumberland Co
(State or country) Va.

13. NAME Alfred Smith

14. BIRTHPLACE (city or town) Huntsville
(State or country) Va

15. MAIDEN NAME Josephine Plainer

16. BIRTHPLACE (city or town) ?
(State or country)

INFORMANT Records
(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 15 19

UNDERTAKER
(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1933 to Dec 12, 1933
I last saw h[illegible] alive on Dec. 12, 1933 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Senile	?
Arthritis, Gonorrheal	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Magill M. D.
(Address) Balt. City Hosp.

D. B. 1268-9

E 96299

96299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 104 Colvin St., 5-01 Ward)

gth of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Sarah Jones

(a) Residence: No. 104 Colvin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
...al	Colored	widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

ATE OF BIRTH (month, day, year) unknown

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington D C

9. NAME Wm Cruse

10. BIRTHPLACE (city or town) (State or country) Washington D C

11. MAIDEN NAME Mary A Cruse

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

INFORMANT Richard E Jones
(Address) 1155 W Watson

BURIAL, CREMATION, OR REMOVAL
Place Wm Cemetery Date Dec 15. 1933

UNDERTAKER Edward Bryon
(Address) 1691 Pennsylvania Ave Huntington Pittsburgh, Pa

FILED 1933 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12. 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on January. 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lack Care + food + old age	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) James M Kinlan Coroner, M. D.

(Address) 704 Cherry

M. D. B. 1268-9

96300 E 96300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 505 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Brother Austin Geehan

(a) Residence: No. Ammendale, Md. Ward. 1-01

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of X

DATE OF BIRTH (month, day, year) 12.15.55

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	—	—	X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Patrick Jos. Geehan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Coyle

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Ammendale Cem. Date Dec 18 19 33

UNDERTAKER Floyd Kaiser

(Address) Laurel Md.

1933 Huntington Pottsville, Pa.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.15.33. 19

22. I HEREBY CERTIFY, That I attended deceased from 12.6.33. 19 ... to 12.15.33. 19 ...

I last saw him alive on 12.15.33. 19 ... Death is said to have occurred on the date stated above, at 12.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesentric Thrombosis	12.6.33
Other contributory causes of importance: Coronary Embolism	

Name of operation Resection Small Intestine Date of 12.6.33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph V. O'Brien M. D.

(Address) Mercy Hospital

E 96:301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 100 N. Hilton St. St., Ward)

Length of residence in city or town where death occurred 20 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James F. Stenton.

(a) Residence: No. 100 N. Hilton St. St., 20-01 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, WIFE of (or) HUSBAND of: Helen Stenton.

DATE OF BIRTH (month, day, year): February 2, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10	12	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gasoline filling station attendant.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

NAME: Michael Stanton.

BIRTHPLACE (city or town) (State or country): Do not know.

MAIDEN NAME: Annie L. Bradley.

BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

INFORMANT: Helen Stanton. (wife)

(Address) 100 N. Hilton St.

BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Dec. 16th 1933

UNDERTAKER: Charles W. Dill.

(Address) 3109 Freak ave.

FILED: 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from ---- 19---- to ---- 19---- I last saw h--- alive on ---- 19---- Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of the brain.	
Accidental fall on ice on pavement.	
Other contributory causes of importance:	

Name of operation: None. Date of

What test confirmed diagnosis: Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12/14/33

Where did injury occur? Baltimore & Hilton Sts. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public street.

Manner of injury: Concussion of the brain.

Nature of injury: Fall on ice on pavement.

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Edw. M. Reinhardt, M. D. Coroner

12/15/33 (Address) 1017 E. Charles St.

M. D. P. 1261-9

E 96302

E 96302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 757 W.Fayette St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F.Schaible,

(a) Residence: No. 757 W.Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) September 17.1882

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Philip Schaible,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Laura V Kaerwardt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Frank L.Miller,
(Address) 1007 Walnut Ave.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date DEC 16 1933

UNDERTAKER Geo W Cullen
(Address) 2700 Edmondson Ave

FILED Huntington Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1933 to Dec 14 1933

I last saw him alive on Dec 14 1933 Death is said to have occurred on the date stated above, at 6.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Double)	Dec 6

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Standish McAleer M. D.

(Address) 1609 Linden Ave

H. D. B. 1268-9

E 96303

96303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 96-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Schmidt

(a) Residence: No. Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 10, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Richmond
(State or country) Va

13. NAME John Schmidt

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Sophia Beitz

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Friends
(Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL Date 12/19/33

Place Laurel Hill

UNDERTAKER J. Fisher & Son

(Address) 1318 Light St

Huntington Williams Mgr

51933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1933 to December 14, 1933

I last saw him alive on December 14, 1933 Death is said to have occurred on the date stated above, at 11 00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 Yrs
Cerebral Hemorrhage	4 days
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I Phagen M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

E 96304

96304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St., 700 Ward)

Length of residence in city or town where death occurred 70 yrs. — mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna W. Gehring

(a) Residence: No. 5620 Greenspring Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/23/88

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44 45	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brokerage
10. Date deceased last worked at this occupation (month and year) Sept., 1933
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Joseph Gehring

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Mary Rob

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT J. William Gehring
(Address) 5620 Greenspring Ave

17. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 12/16 19 33
(Address) Lorraine & Eastern Ave

Filed 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14 19 33

22. I HEREBY CERTIFY, That I attended deceased from 12/11 19 33 to 12/14 19 33

I last saw her alive on 12/14 19 33. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the breast	?
Other contributory causes of importance: Metastatic carcinoma of the pleura	

Name of operation Amputation of breast Date of 12-9-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jos. A. Bely M. D.
(Address) Mercy Hospital

M. D. B. 1208-6

E 96305

6305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Mulberry Ave. 19-C Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E Slinkman

(a) Residence: No. 1706 Mulberry Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm E Slinkman

DATE OF BIRTH (month, day, year) Oct 31 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country) Maryland

13. NAME Karl Moore

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Dunn

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Wm E Slinkman

(Address) 1706 Mulberry Ave

BURIAL, CREMATION OR REMOVAL

Date 12/16 1933

UNDERTAKER Fuge & Fahey

(Address) 1400 Lafayette

Huntington Williams, M.D.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1925, to Dec 13, 1933

I last saw her alive on Dec 13, 1933 Death is said to have occurred on the date stated above, at 11.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	12/11/33
Other contributory causes of importance: General Arteriosclerosis myocarditis	10 yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Erwin E Magath, M. D.

(Address) Hollyland

M. D. B. 1268-0

E 96306

HEALTH DEPARTMENT—CITY OF BALTIMORE

96306

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Brendan East 27-01 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Katharine Ford

(a) Residence: No. 3016 Brendan East Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm P Ford

DATE OF BIRTH (month, day, year) Apr 7 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Thomas Foolan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Katharine Miller

(Address) 3016 Brendan East

BURIAL, CREMATION, OR REMOVAL

Place Calvary Cem Date 12/16 1933

UNDERTAKER Enoch Foley

(Address) Fulton Ave & Fayette

FILED Huntington Ave Registrar

DEC 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1932 19.. to 12/13 1933

I last saw her alive on 12/13 1933 Death is said to have occurred on the date stated above, at 9.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy Myocarditis (Hypostatic)	

Other contributory causes of importance Hypostatic Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm Foley M. D.

(Address) 5703 Harford Rd

D. B. 1268-9

M^L 96:307

96:307 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X √ 208

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 24 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rudolph F. Diehlmann

(a) Residence: No. Catonsville, Balto Co., Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E.

6. DATE OF BIRTH (month, day, year) Sept 26, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Agent 0 + 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Frederick Diehlmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Beckmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary E Diehlmann
(Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem. Date Dec. 16 1933

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from mgmm, 19.. to .., 19..

I last saw him alive on mgmm, 19.. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures
Shock

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12.13. 1933

Where did injury occur? Howard & Lombard Sts. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving

Nature of injury collided with a street car

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John Cokonny Coroner M. D.

(Address) 2200 E. Madison St

D. B. 1268-9

:308

EP 96:308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× √ 95-002

Registered No. Dec-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Anna R. Wood.

(a) Residence: No. Port Republic, Calvert Co. Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6. If married, widowed, or divorced (or) WIFE of John W. Wood.

7. DATE OF BIRTH (month, day, year) August 5, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME Kinsey Hance.

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Louise Sedrick.

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT George R. Wood. (son)
(Address) Port Republic, Calvert Co. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Port Republic Md Date 12-15 1933

19. UNDERTAKER A. A. Harkens & Son
(Address) Huntingtown Md

19 1933 Huntingtown Md Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease	
Broncho-pneumonia.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt M. D.
Coroner

12/15/33 (Address) 1017 E. Charles St.

M. D. B. 1268-9

E 96309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb-1) St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank Reiser

(a) Residence: No. 3129 Oakford ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda Reiser

DATE OF BIRTH (month, day, year) July 2, 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Frank Reiser

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Jennie Pinken

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Hospital Records

(Address) B.C.H.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 18th 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1933 Huntington Willingham

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1933 to Dec. 14 1933

I last saw him alive on Dec. 14 1933 Death is said to have occurred on the date stated above, at 5.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Dec. 14 1933
Other contributory causes of importance: Pulmonary Tuberculosis	Unknown

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

D. B 1268-9

E 96310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: Richmond Market 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred: Life yrs. mos. d ow long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henry Kirkhaus

(a) Residence: No. 2026 Penrose Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

TY OF BIRTH (month, day, year) Jan 28 1884

E.	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholster

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Upholstering

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Md

. NAME John Kirkhaus

. BIRTHPLACE (city or town) (State or country) Germany

. MAIDEN NAME Frances Balthorn

. BIRTHPLACE (city or town) (State or country) Germany

FORMANT Wm Newhart

(Address) 656 W Fayette St

RIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 16 1933

DERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams M.D. Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19..., Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
3 days	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Leick M. D.

Coroner

(Address)

✓ E 96311

H. D. B. 1268-9

96311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp St. 1800 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Young

(a) Residence: No. 908 W. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of Catherine Young

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Unknown	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Black Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Colton Cotton

10. Date deceased last worked at this occupation (month and year) 1931 | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME Robert B. Young

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Anna E. Winters

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Herbert R. Young (Address) Norrisville Md

BURIAL, CREMATION, OR REMOVAL

Place Balto Date Dec 16 1933

UNDERTAKER Wm Cook (Address) 121 E Lexington St

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1933, to Dec 14, 1933. I last saw h[illegible] alive on Dec 14, 1933. Death is said to have occurred on the date stated above, at 4 AM p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Anatomical neck humerus	Sept 9
Laceration of axillary artery	
Other contributory causes of importance:	
Secondary hemorrhage	Dec 14
Advanced arteriosclerosis generalized	?

Name of operation Lig. Innominate Artery Date of Nov 16 33

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 15, 1933

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell on street

Nature of injury Fracture neck humerus

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R Richard Lowe M. D.

(Address) Univ. Hosp.

H. D. B. 1268-9

E 96312

96312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1043 Ridgely St. 21-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Spangler

(a) Residence: No. 1043 Ridgely St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of William M. Spangler

7. DATE OF BIRTH (month, day, year) Nov 15th 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Berlo Md

13. NAME Fred Schnell

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dora Wickmann

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Emma Eckhardt

(Address) 1043 Ridgely St

BURIAL, CREMATION, OR REMOVAL

Place Western Date Dec 16th 1933

UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

FILED 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5. 1933 to Dec 14. 1933

I last saw h.. alive on Dec. 14. 1933 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	12/5/33
Other contributory causes of importance:	
Chronic Arterio-Sclerosis	10 yr.
Chronic Dil. Nephritis	

Name of operation None Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. Norton, M. D.

(Address) 8887 Liberty Rd

D. B. 1268-9

E 96313

96313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Garrison Blvd 5-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith Dickerson

(a) Residence: No. 3004 Garrison Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Sept 7 - 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	3	8 7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Montgomery Co
(State or country) Md

13. NAME Wm H. Dickerson

14. BIRTHPLACE (city or town)
(State or country) Md

15. MAIDEN NAME Elizabeth Saunders

16. BIRTHPLACE (city or town)
(State or country) Md

INFORMANT Edwin J. Dickerson
(Address) 3004 Garrison Blvd

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Baltimore Md Date Dec 18th 1933

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 11/33, 19 ... to Dec 14, 1933

I last saw h[illegible] alive on Dec 14, 1933. Death is said to have occurred on the date stated above, at 1045 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - about 6 mo duration	
Acute dilatation of Heart	Dec 11/33
Other contributory causes of importance:	
Bronchopneumonia	Dec 14/33 2 days

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter S Hubbard M. D.

(Address) 2220 Garrison Blvd

H. D. B. 1268-9

✓ E 96314

HEALTH DEPARTMENT—CITY OF BALTIMORE

96314

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5104 Eugene Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Schmidt

(a) Residence: No. 5104 Eugene Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Schmidt

DATE OF BIRTH (month, day, year) Nov. 25, 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	-	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John Hofferberth

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Margaret Krause

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT John Schmidt

(Address) 5104 Eugene Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Dec 16, 1933

UNDERTAKER George W. Dinkfer

(Address) 1737 E Eager St.

1933 ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1933, to Dec 13, 1933.

I last saw her alive on Dec 13, 1933. Death is said to have occurred on the date stated above, at 10.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	12/4/33
Bronchial-asthmoid - Cardio-vascular-renal dis	5 yrs
Other contributory causes of importance: Cholecystitis —	1 yr.

Name of operation — Date of —

What test confirmed diagnosis Nasal plug. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Krumeich, M. D.

(Address) 722 N. Kenwood Ave

C. D. B. 1263-0

E 96315

96315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., No. 4 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Thanner

(a) Residence: No. 266 South Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 11-1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Lawrence J Thanner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sophie Schonhoff

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Lawrence J. Thanner

(Address) 206 E. Clinton St

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec 18 1933

UNDERTAKER Roth & Bro. Walter

(Address) 3370 Edmondson Ave

Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th 19 to December 14th 1933.

I last saw her alive on December 14th 1933. Death is said to have occurred on the date stated above, at 11:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media (Rt)	11-24-33
Other contributory causes of importance:	
Mastoiditis (Rt)	12-2-33
Early Fatal Sinus Thrombosis	12-?-33
Brain abscess	12-?-33

Name of operation Mastoidectomy Date of Dec 4

What test confirmed diagnosis? Clinical & Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Laurence L. Brown M. D.

(Address) University Hospital

D. B. 1268-8

E 96316

96316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 5-01 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Clyde Hancock

(a) Residence: No. 209 East St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
9. Date deceased last worked at this occupation (month and year) | 10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Rockingham NC

12. NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Unknown

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Unknown

16. INFORMANT James Jones
(Address) 209 East St

17. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 12-16th 1933

18. UNDERTAKER Byron M. Smith & Son
(Address) 1211 E. Lexington St

DEC 16 1933

19. , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2.50 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner.

(Address)

D. P. 1268-B

96317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 96317

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (a) 617 W. Carey St., 16-01 Ward)

(b) Length of residence in city or town where death occurred 14 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Willie May Watts Cole

(a) Residence: No. 617 W. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 23 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	5	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Georgia

NAME OF Jas Watts

BIRTHPLACE (city or town) (State or country) N. Car.

MAIDEN NAME Maggie Lynn

BIRTHPLACE (city or town) (State or country) Georgia

INFORMANT Maggie Watts

(Address) 617 W Carey

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemtry Date Dec 18 1933

UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman st.

DEC 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 Days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address)

M. D. B. 1268-B

Loredo ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

96318

CERTIFICATE OF DEATH

108 E 96318

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 Bolington St., 4th Ward)

Length of residence in city or town where death occurred 10 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Loredo

(a) Residence: No. 1034 Bolington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances Loredo

DATE OF BIRTH (month, day, year) 1884 -

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruits

10. Date deceased last worked at this occupation (month, day, year) 12/10/33

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Roberto

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Roberto

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Roberto

INFORMANT Frances Loredo

(Address) 1034 Bolington St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Dec 16, 1933

UNDERTAKER Thomas E. Kelson

(Address) 1303 Prestman St

FILED Huntington Pallbearers

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13/33

22. I HEREBY CERTIFY, That I attended deceased from 12/10/33, to 12/13/33

I last saw him alive on 12/12/33. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/10/33

Other contributory causes of importance: Influenza

Fell on the stairs and hurt his head some time 12/10/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell Accidentally

Nature of injury Fall on Pavement

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Ott M. D.

(Address) 927 Main Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 96319 L 96319

178-001

Registered No. 7-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N. Curley St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob f Hecker

(a) Residence: No. 809 N. Curley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate hecker

6. DATE OF BIRTH (month, day, year) July 23/1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	21	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse-shoer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 036

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME John W. Hecker

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Louise Leuckel

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT Mrs. Rickie Null

(Address) 15 S. Ellwood Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date Dec. 17 '33

18. UNDERTAKER Geo. W. Lutte

(Address) 2300 Edmondson Ave.

19. FILED DEC 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec14/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h , alive on . 19 Death is said to have occurred on the date stated above, at 2 P.M. m

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poisoning — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12/14/33

Where did injury occur? 809 N. Curley St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury found seated at table with 2 jets on- gas range

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Collins M. D. Coroner

(Address) 5088 Drexel Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96320 E 96320

CERTIFICATE OF DEATH

93-003 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2717 St. Paul St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 9 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME L. Bruce Wolcott

(a) Residence: No. 2717 St. Paul St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary H. Kearney

DATE OF BIRTH (month, day, year) Feb. 21, 1847

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
✓	86	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Wolcott

14. BIRTHPLACE (city or town) (State or country) Not obtainable

15. MAIDEN NAME Amelia Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs. Mary K. Wolcott

(Address) 2717 St. Paul Street

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 12/18 19 33

UNDERTAKER Kenny & Myers & Son

(Address) 503 N. Eutaw St.

DEC 16 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6 1932 to Dec 14 1933

I last saw h.. alive on Dec 14 1933 Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/6/33
Arteriosclerosis	12/6/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Chas. O'Donovan M. D.

(Address) 3013 St Paul St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96321

CERTIFICATE OF DEATH

E 96321

95-22K

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Abbottston St.) (Ward) 9-21

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Edward Forrester

(a) Residence: No. 1516 Abbottston St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Forrester

DATE OF BIRTH (month, day, year) June 10 188[illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	52	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Forrester (Address) 1516 Abbottston

BURIAL, CREMATION, OR REMOVAL Place Balto Cem Date 12/16 1933

UNDERTAKER J. F. McCully (Address) 1430 Huntington Ave

DEC 16 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to December 13 1933

I last saw him alive on DEC 11 1933 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Organic heart disease

Date of onset: Prior to 1933

Other contributory causes of importance:

Name of operation Clinical Date of No

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Fritz J. Kinzey M. D.

(Address) 2700 Harford Ave

M. D. B. 1268-9

Laura Dunn

✓ E 96322

96322

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5217 Towsmore Rd., 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 5 mos. 0 ds. How long in U. S. if of foreign birth? 33 yrs. 5 mos. 0 ds.

2. FULL NAME William Thomas Birch

(a) Residence: No. 5217 Towsmore Rd., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Ethel Gill Birch

DATE OF BIRTH (month, day, year) July-14-1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) July-31-1931

11. Total time (years) spent in this occupation 1 yr.

BIRTHPLACE (city or town) Balto.

(State or country) Md.

13. NAME Irvin Birch

14. BIRTHPLACE (city or town) Balto.

(State or country) Md.

15. MAIDEN NAME Laura Dunn

16. BIRTHPLACE (city or town) Balto.

(State or country) Md.

INFORMANT Mrs Ethel G Birch (wife)

(Address) 5217 Towsmore Rd.

BURIAL, CREMATION, OR REMOVAL

Place Mont Clare Date July-18-1933

UNDERTAKER Stewart & Company

(Address) 2418 Pennsylvania Ave.

1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1932 to 12/14, 1933

I last saw him alive on 12/14, 1933 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyla W Fallin M. D.

(Address) 5103 Harford Rd.

D. B. 1268-9

M D 98323

HEALTH DEPARTMENT—CITY OF BALTIMORE

98323

CERTIFICATE OF DEATH

212-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Mary Mc Nally

(a) Residence: No. 619 Willow ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 4 1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	2	29	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Berlyn Penna

12. NAME OF FATHER Frank McNally

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. MAIDEN NAME OF MOTHER Lena Cassidy

15. BIRTHPLACE (city or town) (State or country) Canada

16. INFORMANT Frank McNally

(Address) 619 E. Willow ave

17. BURIAL, CREMATION, OR REMOVAL Date 12/14 1933

Mt Repose Cem

18. UNDERTAKER Isaac Moran

(Address) 1933 Washington Blvd

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fractured skull - due to striking - a pole while sleigh riding - (accidental)

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 12-13- 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John J. Mossinsky, M. D. Coroner

(Address) 363 Roland ave

D. B. 1265-9

96324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

M F 96324

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A Johnson

(a) Residence: No. 1208 Smithson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper salesman & b.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Bell Herbert

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ida Bailey

(Address) 1119 Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 12-16-33

19. UNDERTAKER Daniel Garland

(Address) 516 N. Pennington Ave

DATE RECEIVED 12-16-1933, 19 By W. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 19 to Dec. 13, 19

I last saw h alive on Dec. 13, 19 Death is said to have occurred on the date stated above, at 9:20 p m

The principal cause of death and related causes of importance were as follows:

Comp. Fracture of Both Legs.

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 14, 1933

Where did injury occur? In front of 505 Wilson St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto, while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Harry Coroner, M. D.

(Address) 1200 E Madison St

M. D. B. 1268-9

E 96325

96325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Albert Scott

(a) Residence: No. 936 Madison Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
✓	24	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

13. NAME Not Known

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Provident Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12-16-33

19. UNDERTAKER Grant Easter
(Address) 936 E. Madison

FILED 1933 Herrington Phillinger Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-6-33 . 19 . to 12-15-33 . 19

I last saw him alive on 12-15-33 . 19 . Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William Levi Rogers, M. D.

(Address) President Hospital

M. D. H. 1268-9

96326

HEALTH DEPARTMENT—CITY OF BALTIMORE

96326

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4102 Belvieu Av. 15-01 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip McHenry Gibson

(a) Residence: No. 4102 Belvieu Ave. XXX Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary H. Gibson

6. DATE OF BIRTH (month, day, year) Feb. 14 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	10	-----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boss Shoes

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME Joseph R. Gibson

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Anna M. Sheckells

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Mrs. Dorsey Ston

(Address) 4102 Belvieu Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec. 16 1933

19. UNDERTAKER John F. Denny

(Address) 713 Light St

20. FILED DEC 16 1933 Huntington Gilbert, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw him alive on ..... 19.. Death is said to have occurred on the date stated above, at 12.10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage	Dec. 15
of Bowels	33

Other contributory causes of importance: Malignancy of Intestines

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

D. H. 1000 96327

E 96327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 E. Churchill St. St. 22-01 Ward)

Length of residence in city or town where death occurred 65 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Wilson.(C)

(a) Residence: No. 40 E. Churchill St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

If ~~married, widowed, or divorced~~ (or) WIFE of Howard Wilson.(C)

6. DATE OF BIRTH (month, day, year) July 29, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	14	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) A.A.Co.Md.

12. NAME Do not know.

13. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Bertha Patterson.(C) daughter.

(Address) 44 E. Churchill St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/14/33

19. UNDERTAKER Isaac L. Quinn & Son

(Address) 1625 W. Mulberry St.

Registrar. DEC 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 5.15 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis.
Acute dilatation of the heart.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto L. Reinhardt M. D.
Coroner

(Address) 1017 N. Charles st.

12/14/33

H. D. B. 1268-9

96328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96328

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3735 Park Heights Ave St) 45-24 (Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Weinberg

(a) Residence: No. 3735 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hester K. Weinberg

DATE OF BIRTH (month, day, year) September 12, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cloak & Suit Mfgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

12. NAME Moses Weinberg

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Rose

15. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Dr. Samuel Weinberg

(Address) 3735 Park Heights Ave.

BURIAL, ~~CREMATION, OR REMOVAL~~

Place Cheb Shalom Cem. Date Dec. 17, 1933

UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

Huntington Williams N.P.

Registrar.

FEB 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933 to October 18, 1933

I last saw him alive on October 18, 1933 Death is said to have occurred on the date stated above, at A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocardial degeneration	
Angina pectoris	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles J. Bestman M. D.

(Address) 1417 Eutaw Place

M. D. B. 1268-0

E 96329

HEALTH DEPARTMENT—CITY OF BALTIMORE

96329

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 W Franklin St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary L. Compton

(a) Residence: No. 811 W Franklin St., Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph A Compton

6. DATE OF BIRTH (month, day, year) Jan 16 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William H Gentle

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Mary A Green

16. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

17. INFORMANT Joseph Gentle

(Address) 811 W Franklin st

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lebanon Date Dec 17 . 1933

19. UNDERTAKER Joseph A Lively

(Address) 1929 Mount Street.

Huntington Williams
Registrar.

DEC 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 . 1933 to Dec 13 . 1933

I last saw her alive on Dec 13 . 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 6 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, what city

(Signed) Harry Eldridge, M. D.

(Address) 1929 Mount Street

M. D. B. E 96330

LeRender

E 96330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Laurens 1 W 34-01 St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alex Le Render

(a) Residence: No. 1 Westminster Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of Nettie Le Render (or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 026

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) France

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Irene LeRender

(Address) Cecilia Belle Raymond

BURIAL, CREMATION, OR REMOVAL

Place Westminster Date 12/18 1933

UNDERTAKER H. Grant Hartman & Son

(Address) Reisterstown Md

DATE 12-16-1933 Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1933 to Dec 16 1933

I last saw him alive on Dec 16 1933. Death is said to have occurred on the date stated above, at 2 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Generalized Arteriosclerosis	

Other contributory causes of importance:

Cerebral Infarction and area of Cerebral softening

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) H. H. Baker M. D.

(Address) University Hosp

M. D. H. 1268-9

E 96331

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96331

CERTIFICATE OF DEATH

XV 107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 8 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME James Sullivan

(a) Residence: No. Corey Rd. Olivings St. Mill Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 14, 1933

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Sullivan

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Edward Sullivan

(Address) Same as above

BURIAL, CREMATION, OR REMOVAL

Place Stone Chapel Date 12/17, 1933

UNDERTAKER Frank J. Meyer

(Address) Federalsburg, Md.

FILED 12/16 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 12/8 1933, to Nov. 16 1933

I last saw h[illegible] alive on Nov 16 1933 Death is said to have occurred on the date stated above, at 4:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Nov 15/33
Other contributory causes of importance: Undernutrition	2 mo.
Pyloric stenosis	2 mo.

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) E. C. Shroyer Jr. M. D.

(Address) Univ. Hospital

E 96332

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96332

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3725 Elm Ave ST. 13-61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adelaide Wilson

(a) RESIDENCE NO. 3725 Elm Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) May 3rd 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	70	7	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER William Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Margaret Hartley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mrs Mary Bacigalupa.

(Address) 3725 Elm Ave.

Filed 1933 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1933

17

I HEREBY CERTIFY, That I attended deceased from April 1st 1933, to Dec 15-th 1933,

that I last saw her alive on Dec 15-th 1933

and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Senility. Cholecystitis:

(duration) yrs 9 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical & Clinical findings

(Signed) B. A. Fillebrown, M. D.

12/14 1933 Address) 361 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Dec 18 1933

20 UNDERTAKER Frank V. Capitone

ADDRESS 2918 E. Balto. st.

D. B. 1[illegible] 96333 Harry T. Lichliter ME 96333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 208

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Hosp. St., 3rd Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry T. Lichliter

(a) Residence: No. 2752 Wilkins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, year) Aug. 13, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Laura Collins

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT Evelyn Filling

(Address) 1705 E Light St

18. BURIAL, CREMATION, OR REMOVAL

Place Lakewood Cem. Date 12/18/33 19

19. UNDERTAKER Robert Brook & Son

(Address) Calhoun & Madison Sts.

20. FILED 12/18/33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 19[illegible] to [illegible], 19[illegible]

I last saw h[illegible] alive on Dec. 15, 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Contusion of Chest

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/15, 1933

Where did injury occur? Transfer St. Bridge 200 ft S Bound
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which he

Nature of injury, was riding collided with street car

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Feheny Coroner M. D.

(Address) 2100 E Madison St

E 96334

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96334

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 N. Potomac St 6-01 Ward) Registered No.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie E. Rossiter

(a) Residence: No. 32 N. Potomac St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John J. Rossiter

DATE OF BIRTH (month, day, year) Jan 16 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	18 28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John H. Larmore

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth M. Batchlor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. John J. Rossiter
(Address) 32 N. Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Dec 18 1933

19. UNDERTAKER J. Frew McCully
(Address) 130 E. Fort Ave

20. FILED 19 [illegible] Registrar

71933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 18th 1932 to Dec 14 1933

I last saw her alive on Dec 13 1933 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion + Uremia	

Other contributory causes of importance:

Metastatic Carcinoma of lung: Primary growth unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Claud Munroe, M. D.

(Address) 4 Tow Hopkins Pl

M. D. B 1268-9 E 96335

E 96335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 W. North ave St) (15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr Lewis H. Ephraim

(a) Residence: No. 2302 W. North ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

DATE OF BIRTH (month, day, year) 1859.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physicians

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Ephraim

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Jacob Ephraim
(Address) 2302 W. North ave

BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date Dec 17. 1933

UNDERTAKER Sol Levinson & Bro
(Address) 1172 Balto st

FILED 19 [illegible]

71933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 5. 1931. to Dec 16. 1933

I last saw h alive on Dec 9. 1933. Death is said to have occurred on the date stated above, at 7.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrocardiac (Congestive heart failure)	Oct. 1933
Other contributory causes of importance:	
Arteriosclerosis - Dyspnea	1931
Hypertension	1913

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Louis V Hamburger M. D.

(Address) 1207 Eutaw Place

M. D. B. 1268-b E 96336 E 96336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Berkoff

(a) Residence: No. Belvedere & Greenspring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sigmund Frankel

(Address) Belvedere & Greenspring

BURIAL, CREMATION, OR REMOVAL

Place Date 12/17/33 19

UNDERTAKER

(Address)

FILED 12/17/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-21-1931 to 12-15-1933

I last saw her alive on 12-15-1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Edmund Levin M. D.

(Address) Levindale

M. D. B. 1268-6 E 96337 E 96337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1700 Eutaw Pl St., 14-61 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 45 yrs. ..... mos. ..... ds.

2. FULL NAME Louis Blaxenthal

(a) Residence: No. 1700 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah

DATE OF BIRTH (month, day, year) 9-26-1844

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Adolph Blaxenthal
(Address) 1700 Eutaw Place

BURIAL, CREMATION, OR REMOVAL 12-17-33
Place Balt Hebrew Date 19

UNDERTAKER Eck Sons Co.
(Address) 1439 E. Baltimore St.

FILED ..... 19 ..... Registrar

17533

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1924, to Dec. 15- 1933
I last saw him alive on Dec. 15- 1933. Death is said to have occurred on the date stated above, at 9 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1924
Other contributory causes of importance:	
Arteriosclerosis	
Nephritis	

Name of operation None Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis Jacobs M. D.
(Address) 1700 Eutaw Place

H. D. B. 1268-9 E 96338

E 96338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Bayard St., 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

2. FULL NAME Anna D. Gregus

(a) Residence: No. 1001 Bayard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew Gregus.

DATE OF BIRTH (month, day, year) April 5. 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54.	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Adam Dittman

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Anna B. Hall

(Address) 1408 Hanover St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 18 1933

UNDERTAKER Mrs. Wm. John W. Fowler & Son

(Address) 801 W. Fayette St.

FILED 1933 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1933 to Dec 15 1933

I last saw h alive on Dec 14 1933 Death is said to have occurred on the date stated above, at 10.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Cause	11/27/33
Other contributory causes of importance Nephritis	6/1/33

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) H. Haughton M.D.

(Address) 1 W. Mulberry St.

E 96339

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96339

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2725 Harlem Ave St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Franklin Beale

(a) Residence: No. 2725 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

If married, widowed, or divorced HUSBAND of (or) WIFE of: Amanda Beale

DATE OF BIRTH (month, day, year) Dec 27 - 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	64	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter 015
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year) 1 yr ago
11. Total time (years) spent in this occupation 43 yr

12. BIRTHPLACE (city or town) (State or country) Belair Md.

13. NAME James B. Beale

14. BIRTHPLACE (city or town) (State or country) Belair Md.

15. MAIDEN NAME Susan Wilgis

16. BIRTHPLACE (city or town) (State or country) Belair Md.

17. INFORMANT Amanda Beale
(Address) 2725 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Forrairie Date Dec 18th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED DEC 19 1933 Burrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1933, to December 15, 1933

I last saw him alive on December 12, 1933 Death is said to have occurred on the date stated above, at 4:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	unknown
Hypertension	
Other contributory causes of importance: Chronic Parenchymatous Nephritis	unknown
Hypertension	

Name of operation none Date of

What test confirmed diagnosis? P.S.P. urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave,

E 96340

E 96340

131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1517 Hollbrook ST. 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank. P. Leonard

(a) RESIDENCE NO. 1517 Hollbrook ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	white	widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes M. Leonard

7 DATE OF BIRTH (month, day, and year) Dec. 1862

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11		

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) Brass Foundry

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Black Rock Md.

11 NAME OF FATHER Thomas Leonard

12 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

13 MAIDEN NAME OF MOTHER Mary Cleary

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs Regina Leonard

(Address) 1517 Hollbrook

Filed 12 7 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14 - 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1933, to Dec 14, 1933

that I last saw h alive on Dec 13, 1933

and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

I a. Chronic Interstitial Nephritis

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uremia + N P N

(Signed) Thos. F. A Stevens, M. D.

12/16/33, 19 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 12/18/1933

20 UNDERTAKER Wm Cook 1217

ADDRESS St Paul St

M. D. E. 1268-0 E 96341

E 96341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 23-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John McDaniel

(a) Residence: No. 1634 St. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Bessie H. Tunsel

6. DATE OF BIRTH (month, day, year): Jan 19 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas Works Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: John Daniels

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME OF MOTHER: Mary Kunckel

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Bessie H. Tunsel Wife

(Address): 1634 St. Charles St

BURIAL, CREMATION, OR REMOVAL: Date 12/19 33

Place: Western

UNDERTAKER: Wm. Cook & Son

(Address): 1519 E. Cold St

FILED: 12/19 33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1933 to December 16, 1933

I last saw him alive on December 16, 1933. Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset .....
Cerebral Hemorrhage, Left — Date of onset 6/14
Hemiplegia, Right — Date of onset .....

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

E 96342 Dr. E. H. Hemming Payson & Hollins FVE 96342

C. D. B. 1938-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2801 Oakley Ave 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. + mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME David Bell Macgowan

(a) Residence: No. 2801 Oakley Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 3rd 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Birkhead Macgowan

14. BIRTHPLACE (city or town) (State or country) St Louis Mo.

15. MAIDEN NAME Mary Morris

16. BIRTHPLACE (city or town) (State or country) Cumberland Md.

INFORMANT Birkhead Macgowan

(Address) 2801 Oakley Ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 18 1933

UNDERTAKER Wm Cook

(Address) 1317 E Pratt St

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1933 to Dec 15 1933

I last saw him alive on Dec 15 1933 Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia —	22
Acute Nephritis	5

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hollis Hemming M. D.

(Address) 2000 Hollins St

AACo. 5-31 2500 E 96343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96343

93-004

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2616 Evergreen Ave., St. 27-01 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John O. Holston

(a) Residence: No. 2616 Evergreen Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	white	~~single~~

If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Christina Holston.

DATE OF BIRTH (month, day, year) Nov. 4th. 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 650

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Holston

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rebecka Bond

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Louise Jansen
(Address) 3112 Fait Ave.

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 12-14-33.

18. UNDERTAKER Wendell E. Humphreys
(Address) 1501 N. Broadway

FILED 12-14-33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1933 to Dec 15, 1933

I last saw him alive on Oct 16, 1933 death is said to have occurred on the date stated above, at 3a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Dec 15/33
Other contributory causes of importance: Arteriosclerosis	a number of years

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Green, M. D.

(Address) 5543 Harford Rd. Hamilton Balto Md

M. D. B. 1268-9 E 96344 ✓ E 96344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Lafayette Ave 2nd Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie F. Tiffany

(a) Residence: No. 1321 Lafayette Ave St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed~~ or ~~divorced~~ (or) ~~HUSBAND of~~ WIFE of Herbert F. Tiffany

DATE OF BIRTH (month, day, year) January 25 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Thomas Pentlay Jr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Jessie Hurd

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Herbert F Tiffany

(Address) 1321 Lafayette Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Dec 15 1933

UNDERTAKER Hugg Glenheim & Co

(Address) Eutaw & Lafayette Sts

FILED Dec 15 1933 Harrington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1933 to Dec 15 1933

I last saw her alive on Dec 15 1933. Death is said to have occurred on the date stated above, at 5.P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure consequent upon long standing Valvular disease.	Oct 12

Other contributory causes of importance: ✓

Name of operation ✓ Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) Edward Mayo M. D.

(Address) 1071 Park ave

M. D. B. 1268-9 E 96345 E 96345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 E Eager St., 8-01 Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Koch also known as Heinrich Koch

(a) Residence: No. 2017 E Eager St., ... Ward. 1/1/34. Harry Weintraub Mgr.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Minna Koch

DATE OF BIRTH (month, day, year) Aug 7-1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Minna Koch

(Address) 2017 E Eager

BURIAL, CREMATION, OR REMOVAL

Place St Matthews Cem Date Dec 17, 1933

UNDERTAKER John Uelrich

(Address) 1 E Fayette St

Filed ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to Dec 15, 1933

I last saw h... alive on Dec 15, 1933 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	
Chronic Myocarditis	
Cirrhosis of Liver	1931

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Harry Weintraub M. D.

(Address) 1336 E Fayette St.

D. B. 1269 E 96346 ✓ E 96346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1938 N Eden St., 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Deibel

(a) Residence: No. 1938 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Deibel

6. DATE OF BIRTH (month, day, year) Aug 6 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 3 7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hessen-Darmstadt Germany

13. NAME Henry Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wollbrenn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Wenzke

(Address) 451 Pl Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Dec 18, 1933

19. UNDERTAKER John Gelbrich & Sons

(Address) 220 E Eager St

Dec 17 1933 Huntington Williams N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 5 Am.

The principal cause of death and related causes of importance were as follows:

Thyrocardial Insufficiency 15

Date of onset

Other contributory causes of importance:

Int Arteriosclerosis

Prostatic Hypertrophy

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Timmis Coroner, M. D.

(Address) 1708 E North Ave

E 96347

H. D. H. 1268-A E 96347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Cerny

(a) Residence: No. 709 N Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0 4

BIRTHPLACE (city or town) (State or country) Austria

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unsure

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT James Primus

(Address) 3309 Gardenside Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 17 1933

UNDERTAKER John Ulrich

(Address) 2108 Gilmor

FILED DEC 17 1933 Huntington [illegible] M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset .....

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) 1305 N. Patterson Pk

E 96348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96348

186-001

Registered No. 14-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Keane.

(a) Residence: No. 1422 W. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) December 8, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James J. Keane.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Ellen J. Curtis.

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Jennie E. Gilleland. (sister)

(Address) Alhambra Apartments.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 12/18/33

UNDERTAKER Enge A. Fuller Funeral Home

(Address) Huntington, W. Va.

FILED DEC 17 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right Humerus.	
Occidental fall to the floor.	
Broncho Pneumonia.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12/3/33 19...

Where did injury occur? at home. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Fall to floor.

Nature of injury Fractured right Humerus.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

(Address) 1017 E. Charles St. 12/16/33

M. D. B. 1268 — E 96349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 W. Balto. St St. 15-03 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Wagenheim

(a) Residence: No. 804 W. Balto St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles

3. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Husband.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New York Date 12/17/33

19. UNDERTAKER Park Lewis Sons
(Address) 1439 E. Balto St.

DEC 17 1933 Livingston Williamson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 . 19 33 to Dec 17 . 19 33

I last saw h. alive on Dec 16 . 19 33 Death is said to have occurred on the date stated above, at 12 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?

Other contributory causes of importance:

Acute Cardiac Dilatation	2 dys

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Harry Glassman M. D.

(Address) 753 W. Fayette St

M. D. B. 1268-9 E 96350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 79829

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Jones

(a) Residence: No. Mt Jewett Pa St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/26/82

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME Edward Jones

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Elizabeth Owens

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Dec 17 1933

Place Elizabeth Pa

19. UNDERTAKER Joseph Brown
(Address) 2210 [illegible]

FILED 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1933 to Dec 17, 1933

I last saw him alive on Dec 17, 1933 Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Sept 1932
Other contributory causes of importance: Secondary anaemia	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) James Bordley M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9 E 96351 ✓ E 96351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 89-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward 12-01)

Baltimore Md.

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Smith (Mrs. Michael J.)

(a) Residence: No. Edelston Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Michael J. Smith

DATE OF BIRTH (month, day, year) Aug. 15-1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
48	4	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Francis Mc Guiness

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Wood

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Daughter

(Address) Edelston, Md.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec. 18, 1933

UNDERTAKER Wm. Cooley

(Address) 312 St. Paul St.

FILED DEC 18 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15-1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis - following (Pneumococcus)	
otitis media.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal Fluid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J. Morrow M. D.

Coroner

(Address) 36 W. Roland Ave.

M. D. B. 1268-B

E 96352 ✓ E 96352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-101

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lunatic Hospital St., 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 0 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs William J. Meyers nee Helen Graem (Helen Meyers)

(a) Residence: No. 2939 N. Charles St. St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm William Meyers

6. DATE OF BIRTH (month, day, year) Nov. 26. 1897

7. AGE 36 Years	0 Months	20 Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) md

FATHER

13. NAME William Graham

14. BIRTHPLACE (city or town) ------- (State or country) md

MOTHER

15. MAIDEN NAME Jennie Mais Graham

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemetery Date 12/18 19 33

19. UNDERTAKER Henry U. Meaty & Son
(Address) 805 N. Eutaw St.

FILED 12/19 1933 Thurston White REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1933, to Dec 16, 1933.

I last saw h.. alive on Dec 16, 1933. Death is said to have occurred on the date stated above, at 12⁰³ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic angina	12-10-33
Streptococcus hemolyticus septicemia	12-13-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Richard Krause, M. D.

(Address) Lunatic Hospital.

. D. B 1268-9

E 96352 ✓ E 96353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1426 Riggs Ave (St.) 16-01 (Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Edw Satchel

(a) Residence: No. 1426 Riggs Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edw. Satchel

6. DATE OF BIRTH (month, day, year): Oct 10-1874

7. AGE: Years: 59 | Months: 2 | Days: 6 5 | If LESS than 1 day, ...hrs. or ...min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: John White

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME OF MOTHER: Eva Johnson

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Edw Satchel

(Address): 1426 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL: Place: Mt Zion Cem Date: 12/19. 1933

19. UNDERTAKER: Chas E. Cooper

(Address): 514 No Calhoun St

Huntington Williams

Registrar

DEC 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 16 - 33

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	
2 Days	

Other contributory causes of importance:

Name of operation: Laparotomy Date of: Dec 16 - 33

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Falk Coroner, M. D.

(Address) Baltimore

E 96354 ✓ E 96354

Spec—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 4856 Ruxton Rd ST. 28-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Patterson

(a) RESIDENCE. NO 4856 Ruxton Rd ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 17 33

7 AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Everett Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Helen Gorsuch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant (Address) Everett Patterson 4856 Ruxton Rd

Filed DEC 18 1933 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1933, to Dec 17, 1933, that I last saw him alive on Dec 17, 1933, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Charles J. Kraus, M. D.

, 19 (Address) 5276 Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Pleasant Cemetery

DATE OF BURIAL Dec 18 1933

20 UNDERTAKER Edmonds & Son

ADDRESS 3610 Pkwy

M. D. B. 1268-9 E 96355 ✓ E 96355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 13-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3316 Chestnut Ave St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sylvester Small

(a) Residence: No. 3316 Chestnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J. Small

6. DATE OF BIRTH (month, day, year) Jan 23, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stafford Co. Virg

13. NAME Wm Small

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Hopkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sammie Small
(Address) 3316 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cemetery Date Dec 18, 1933

19. UNDERTAKER Chenoweth Son
(Address) 3615 W Chestnut Ave

FILED DEC 18 1933 Washington Square Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1933 to Dec. 15, 1933

I last saw him alive on Dec. 15, 1933 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Pneumonia	48 hrs.

Other contributory causes of importance:

Arterio Sclerosis
Emphysematis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.

(Address) 4037 Falls Rd

H. D. B. 1268-9 E 96356 ✓ E 96356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 S. Bouldin St., 26-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward C. Reese

(a) Residence: No. 409 S. Bouldin St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mallieson May Reese

DATE OF BIRTH (month, day, year) AUG. 24 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Penna. R. R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

13. NAME John Reese

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME don't know

16. BIRTHPLACE (city or town) (State or country) don't Know

INFORMANT Mallieson May Reese

(Address) 409 S. Bouldin St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 19 1933

UNDERTAKER George W. Zepkin

(Address) 1225 E Fayette St

Filed DEC 19 1933 Huntington Pellegrini

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) M. D.
Coroner

(Address)

Cor.—12-9-25—A Co—200 Blks.

E 96357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96357

118

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 805 Decker Ave Ward 1st)

2-FULL NAME Catharine Seglinski

(a) RESIDENCE NO. 805 S Decker Ave Ward

(Usual place of abode) Baltimore Md (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Seglinski

DATE OF BIRTH (month, day, and year) Sept 14-1869

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	64	3		

6 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Germany

10 NAME OF FATHER Mathew Zulinski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Grabowicz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

Informant John Seglinski

(Address) 2620 Hudson St

Filed 12-19-1933 Wm. H. Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D. (Coroner)

12/14, 1933 (Address) 3609 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Date of Burial 12-19 1933

20 UNDERTAKER John J Duda ADDRESS 2811 Hudson St

M. D. B. 1268 F 96358

F 96358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) S. 15-A Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Susaman

(a) Residence: No. 1725 N. Appleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cemetery Date 12/18/33 19

19. UNDERTAKER Funkenstein Inc

(Address) 1429 E. Baltimore St.

FILED 12-19-1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18/33 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 19 33 to Dec. 18 19 33

I last saw her alive on Dec. 18 19 33 Death is said to have occurred on the date stated above, at 12.20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Carcinoma of Transverse Colon	

Name of operation Colostomy (Mickle) Date of Aug 29

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mark B. Gamm M. D.

(Address) Sinai Hospital.

E 96359

Rec.—2-29-28—L. F. S.—300 M.A.

E 96359

HEALTH DEPARTMENT—CITY OF BALTIMORE

95.002

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2737 Maryland Ave. 12-01 WARD)

2—FULL NAME Naomi Thomas Crouch

(a) RESIDENCE NO. 2737 Maryland Ave. ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Michael H. J. Crouch

DATE OF BIRTH (month, day, and year): June 17, 1865

AGE: Years 68; Months 6; Days 0; If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Noah Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Harriet Landis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Mr. Noah T. Crouch

(Address) 4319 Rochester Ave.

Filed 12 1933 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 17 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1933, to Dec 17, 1933, that I last saw her alive on Dec 17, 1933, and that death occurred, on the date stated above, at 4.45 m.

The CAUSE OF DEATH* was as follows:

Cardio vascular hypertension

(duration) 1 year yrs. mos. ds.

CONTRIBUTORY (Secondary): acute cardiac [illegible]

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) [illegible], M. D.

12/18, 1933 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Arlington National Cemetery, Washington, D. C.

DATE OF BURIAL: Dec. 19, 1933

20 UNDERTAKER: E. Leroy Stiffler, Inc.

ADDRESS: 125 E. North Ave.

M. D. B. 1200-0 E 96360 ✓ E 96360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley (Little Sisters) St., 10-61 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anne Buckman

(a) Residence: No. Little Sisters of the Poor - 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Widowed - William Buckman

6. DATE OF BIRTH (month, day, year) 8 April 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Martin Wurst

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Reiner

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Supr

(Address) 1200 - Valley St. Balt. Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 19, 1933

19. UNDERTAKER Margaret J. Flynn

(Address) 1422 Light St.

19 Filed 19

191933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 17 December 1933

22. I HEREBY CERTIFY, That I attended deceased from August 1933 to Dec 17 1933

I last saw her alive on Dec 6 1933 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteris	?
Other contributory causes of importance:	
Asthma	

Name of operation ..... Date of .....

What test confirmed diagnosis? Sup. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sister Carlan M. D.

(Address) 1200 Valley St.

D. H. 1268-9

E 96361

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96361

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward A. Dyson

(a) Residence: No. Ellicott City, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of Ada V. Dyson
(or) WIFE of

DATE OF BIRTH (month, day, year) May 30-1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Md

13. NAME Jacob C. Dyson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Dennis

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs. Dyson
(Address) Ellicott City, Md.

BURIAL, CREMATION, OR REMOVAL
Place Ellicott City, Md Date Dec. 21, 1933

UNDERTAKER J. C. Shipley & Son
(Address) Ellicott City, Md

FILED DEC 22 1933 Hunting Town, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... , to ... , 19...

I last saw h... alive on ... , 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
due to senility	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

Z. D. B. 1265-9

E 96362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96362

131

Registered No. 26-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Gainer

(a) Residence: No. 807 Fagley South St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles I. Gainer

DATE OF BIRTH (month, day, year) Nov 11/1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	46	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... At home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Nally

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Margaret Lasch

(Address) 820 S. Fagley St

BURIAL, CREMATION, OR REMOVAL

Place Oak Grove Cem Date Dec 18 1933

UNDERTAKER John Welsh & Sons Co

(Address) Huntington Indiana

FILED DEC 19 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 ..

I last saw h alive on ..... 19 .. Death is said to have occurred on the date stated above, at 4.55 P.M.

The principal cause of death and related causes of importance were as follows:

Cereoral Hemorrhage

Date of onset

Other contributory causes of importance:

Chr. Nephritis-Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. H. Bacon M. D.

(Address) 508 E North Ave Coroner

H. D. B. 1268-M

E 96363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-01

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia McDow

(a) Residence: No. 429 N. Broadway St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ??????

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired School Teacher 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John McDow

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ann Henderson

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mary J. Little

(Address) 429 N. Broadway

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Dec 20 1933

UNDERTAKER John Ulrich

(Address) Reed Place

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 5.25 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Dec 7/33

Date of onset

Other contributory causes of importance:

Fracture- neck of rt femur Nov 24

Name of operation none Date of ...

What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury Nov. 24

Where did injury occur? In none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell down 2nd story stairs

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) 508 E Monument

M. D. B. 1284 E 96364 E 96364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

155

Registered No. 6-91

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Scott

(a) Residence: No. 227 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 13, 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. "Shoe fitter"

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co
(State or country) Md.

13. NAME Thos H. Scott

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Frances Virginia Lawson

16. BIRTHPLACE (city or town) ?
(State or country)

INFORMANT Rel.
(Address) Balt. City Hosp

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 15, 1933

UNDERTAKER John C. Mueller
(Address) 2455 E. Eden St.

Filed Dec 15 1933 Registrar.

18 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933 to Dec. 11, 1933
last saw h[illegible] alive on Dec. 11, 1933 Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fragilitas ossium	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. P. Magruder, M. D.
(Address) Balt City Hosp

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96365

CERTIFICATE OF DEATH

E 96365

157-004

Registered No. 6-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N. Bradford Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Mildred Behrens

(a) Residence: No. 25 N. Bradford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 6/32

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1 6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME John Behrens

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

15. MAIDEN NAME Pearl Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

INFORMANT John Behrens

(Address) 25 N. Bradford Ave

BURIAL, CREMATION OR REMOVAL

Place Mt Carmel Date Dec 18. 1933

UNDERTAKER Mading U.C. Diffendal Inc

(Address) 37 E. Lexington St.

FILED Dec 18 1933 Huntington Ave Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19

I last saw h... alive on ... 19 Death is said to have occurred on the date stated above, at 3.30 m P.M.

The principal cause of death and related causes of importance were as follows:

Anaemia-Malnutrition — Date of onset

Other contributory causes of importance:

Probable brain deficiency

Name of operation ... Date of ...

What test confirmed diagnosis? Hopkins Records Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed E. K. Green M. D.

(Address) 708 E Monument

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96366

CERTIFICATE OF DEATH 87-802 E 96366

Registered No. .....

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Wemberg

(a) Residence: No. Levindale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced (or annulled)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) Feb. 6 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) 1913

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Jacob Weinberg

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Abrahamson

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sig Feinstein

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date Dec. 18, 1933

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

FILED DEC 16 1933 19..... Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1930 to 12-17 1933

I last saw h.. alive on 12-17 1933 Death is said to have occurred on the date stated above, at 1:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
Multiple Sclerosis	20 yrs
Other contributory causes of importance:	
Stone in common duct	12-1-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Edmund Levin M. D.

(Address) Levindale

M. D. B. 1263-9

E 96367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96367 V 34

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edmund Starr Keene

(a) Residence: No. 246 S. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva May Keene

6. DATE OF BIRTH (month, day, year) June 6 1872?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	? 61	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Dr. E. S. Keene

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Nora Applegarth

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rest Cathedral Date Dec. 18. 1933

19. UNDERTAKER Kendall & Hennegan

(Address) 800 N. Eutaw St.

20. FILED DEC 18 1933 Huntington Williams, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 14. 1933 to Dec 16. 1933

I last saw him alive on Dec 16. 1933 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic and Arteriosclerotic Cardio Vascular Disease	7 years?

Other contributory causes of importance:

Lobar Pneumonia	2 days
Cerebral Thrombosis (?)	2 years?

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Barnes M. D.

(Address) Mercy Hospital

M. D. R. 1968-9 E 96368

E 96368

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 35

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Leonard Harris Sr.

(a) Residence: No. 1211 N. Schroeder St., Ward 18-01

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ophelia Harris

DATE OF BIRTH (month, day, year) 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Leonard Harris

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Louisa Fisher

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

INFORMANT Louisa Harris

(Address) 1211 N. Schroeder St

BURIAL, CREMATION, OR REMOVAL

Place National Cem Date Dec 7, 1933

UNDERTAKER Mrs Katie R. Williams

(Address) 3424 Schroeder St.

Dec 330 [illegible] Williams NP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1933, to 12/15, 1933

I last saw him alive on 12/14, 1933 Death is said to have occurred on the date stated above, at 6:20 am

The principal cause of death and related causes of importance were as follows: Cerebral stroke — Prostatic obstruction — Date of onset ?

Other contributory causes of importance: Bronchopneumonia — Date of onset 1 day

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Bourne M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-0 E 96369 E 96369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1629 W Saratoga St. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Weinhardt

(a) Residence: No. 1629 W Saratoga St. St., 19-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced (or) ~~WIFE~~ of Wife John K. Weinhardt

6. DATE OF BIRTH (month, day, year) April 10-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dietrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John K. Weinhardt
(Address) 1629 W Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Dec 18 1933

19. UNDERTAKER Fleming Kelpner
(Address) 1632 Baltimore St

20. FILED [illegible] 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30th 1933 to Dec 14 1933

I last saw her alive on Dec 14 1933 Death is said to have occurred on the date stated above, at 11.45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage —	5 days
arteriosclerosis —	2
Senile Asthenia	2

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adler Hemmes M. D.

12/16/33 (Address) 2000 Hollins St

M. D. B. 1268-9

B 96370

HEALTH DEPARTMENT—CITY OF BALTIMORE

96370

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH West Baltimore General Hosp.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Rayner & Nuthland St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry W. Adams

(a) Residence: No. 420 Tuxedo St., 12-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mabel C. Adams

6. DATE OF BIRTH (month, day, year) May 19-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Robt Adams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Laura Daiger

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mabel C. Adams

(Address) 420 Tuxedo St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 20. 1933

19. UNDERTAKER Robt E & B. M. Walters

(Address) 3370 Edmondson ave

19. FILED 8 1933 Huntington Wellington M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16 1933

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1933, to December 16, 1933

I last saw him alive on December 16, 1933 Death is said to have occurred on the date stated above, at 1.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Bladder (Primary)	?

Other contributory causes of importance:

1. Chronic Myocardial Disease	?

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos Aaliman M. D.

(Address) West Baltimore Gen Hosp

Spec.—2-29-28—I. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96371

96371

108

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 E Madison ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alice Swann

(a) RESIDENCE NO. 927 Madison ST., 10-1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

If married, widowed, or divorced WIFE of (or) HUSBAND of John Swann

DATE OF BIRTH (month, day, and year) June 6 - 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	6	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Berks County Pa

10 NAME OF FATHER Levy Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Berks Co Pa

12 MAIDEN NAME OF MOTHER Harriett Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Berks Co Pa

Informant Florine Jackson

(Address) 919 E Madison St

Filed Dec 18 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16-33

17 I HEREBY CERTIFY, That I attended deceased from 12-14, 1933 to 12-16, 1933

that I last saw h alive on 12-16, 1933

and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Geo S Glenn, M. D.

12/16 1933 (Address) 507 Augusta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Cemetery

DATE OF BURIAL Dec 19 1933

UNDERTAKER Robert T Millikin

ADDRESS 1515 McCulloh St

M. D. H. 1265-9

E 96372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96372

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 346 Birkwood Place St., ...Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary D. Connell

(a) Residence: No. 346 Birkwood Pl. St., 12-01 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Patrick H. Connell

DATE OF BIRTH (month, day, year) Dec. 23-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas McDonnell

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Mary Elwood

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

INFORMANT Mrs. Donald F. Connell

(Address) 346 Birkwood Place

BURIAL, CREMATION, OR REMOVAL Md.

Date Dec. 19 1933

UNDERTAKER Henry Hood Sons, Inc

(Address) 131 E. Eager St.

Filed ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Valvular disease of the heart.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Edward J. Thompson, M. D.

Coroner

(Address) 346 Roland Ave.

M. D. B. 1268-9

E 96373

96373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Frank

(a) Residence: No. 910 Williams St., 22 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Blanche Frank (Dead)

6. DATE OF BIRTH (month, day, year) April 11 - ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jacob Frank

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Carl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/20, 1933

19. UNDERTAKER J. Fred Fe Cosby

(Address) 1711 E. Fayette St.

20. FILED 81333 Huntington Williams Registrar. 12-22

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1933, to December 16, 1933

I last saw him alive on December 16, 1933. Death is said to have occurred on the date stated above, at 5 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Cerebral hemorrhage ?	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T Phazill, M. D.

(Address) Balt City Hosp

A&Co. 5-31 250B

E 96374

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 11-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., ____ Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Helen Luxenberger

(a) Residence: No. 1212 Light St., 23-01 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Mar 1, 1933

AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	9	17	16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Clarence Luxenberger

14. BIRTHPLACE (city or town) (State or country) Prussia

15. MAIDEN NAME Margaret Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs. Luxenberger (Address) 1212 Light St.

BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 12/19, 1933

UNDERTAKER L. F. McCully (Address) 130 Fort

Huntington Millwood Md

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/14/33, 19__, to 12/17/33, 19__

I last saw h[illegible] alive on 12/17/33 19__ death is said to have occurred on the date stated above, at 12 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-spinal meningitis — influenza	12/14/33
Other contributory causes of importance: Lungs secondary anemia	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) D. M. L. Currie, M. D.

(Address) So. Balto. Gen. Hosp.

Spec.—2-29-28—L. F. S.—500 Bks.

E 96375

HEALTH DEPARTMENT—CITY OF BALTIMORE

96375

CERTIFICATE OF DEATH

159

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1007 Druid Hill Ave ST., 11-01 WARD)

2—FULL NAME Sylvia Beatrice Holmes

(a) RESIDENCE NO. 1007 Druid Hill Ave ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER Thomas J Smith Md

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Myrtle Belair Holmes Md

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant

(Address)

Filed , 19 Registrar

81933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/17/33

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1933, to Dec 17, 1933, that I last saw her alive on Dec 16, 1933, and that death occurred, on the date stated above, at 5 Am m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. White, M. D.

, 19 (Address) 1021 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Monument of Md

DATE OF BURIAL Dec 18 19 33

20 UNDERTAKER Commissioner Health

ADDRESS

P. W. & W. Co.

M. D. B. 1268-9

E 96376

963376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Balto. Md. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Boy Farrell

(a) Residence: No. 11 S. Carey St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Needham

6. DATE OF BIRTH (month, day, year) December 16, 1933

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
		1 HR. 40 min	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Leo Francis Farrell

14. BIRTHPLACE (city or town) (State or country) Charles Co. Maryland

FATHER

15. MAIDEN NAME Marie Greenwell

16. BIRTHPLACE (city or town) (State or country) Woodstein Maryland

17. INFORMANT Leo Francis Farrell

(Address) 11 S. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 18 19 33

19. UNDERTAKER Dem Mortuary Health

(Address)

DEC 18 1933 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1933 to December 16, 1933

I last saw him alive on December 16, 1933 Death is said to have occurred on the date stated above, at 4.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 28 wks.	

Other contributory causes of importance:

Placenta Praevia Centralis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) E. George, M. D.

(Address) Union Hosp

Sec.—1-30—M. & T.—250 Blks

E 96377

96377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-001

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 612 E LOMBARD ST. (WARD) 4-01

2-FULL NAME BERNARD J. RIGNAY

(a) RESIDENCE NO. 612 E LOMBARD ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, and year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70 yrs				

OCCUPATION OF DECEASED 063

(a) Trade, profession or particular kind of work Lithographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

BIRTHPLACE (city or town) (State or country) ?

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant BERNARD J. RIGNAY

(Address) 612 E LOMBARD ST.

Filed Dec 18 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 '33

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1933, to Dec. 5, 1933, that I last saw him alive on Dec 4, 1933, and that death occurred, on the date stated above, at 12 10 Noon m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris + Rupture of Coronary Artery

(duration) 2 yrs mos da.

CONTRIBUTORY (Secondary) Myocarditis + Arteriosclerosis (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam,

(Signed) Tom Kelly M. D.

Dec 12 1933 (Address) 100 N Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Md

DATE OF BURIAL Dec 18 19 33

20 UNDERTAKER

ADDRESS

Bureau of Vital Statistics

1933

M. D. B. 1268-9

E 96378

HEALTH DEPARTMENT—CITY OF BALTIMORE

96378

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Talbert

(a) Residence: No. Provident Hosp. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

MOTHER FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Remains of Md Date Dec 15, 19...

19. UNDERTAKER

(Address)

Dec 8 1933. Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-8-33, 19... to 12-10-33, 19...

I last saw him alive on 12-10-33, 19... Death is said to have occurred on the date stated above, at 5 1/2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Sclerosis	
Arterio Sclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Lyell Taylor M. D.

(Address) Provident Hospital

M. D. H. 1268-9

E 96379

96379 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 10-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Novell

(a) Residence: No. 878 St Johns Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	V V			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Dec 18, 1933

UNDERTAKER [illegible] Health
(Address)

FILED Dec 19, 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance: Influenza	

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1302 N. Patterson Park Ave.

M. D. B. 1268-9

96380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

Registered No. B 96380

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Heywood McKnight

(a) Residence: No. 202 S Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Univ of Md Date Dec 18, 19

UNDERTAKER Health.
(Address)

81933 (C) 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9:51 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial failure	
Other contributory causes of importance: Pulmonary Tuberculosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hargrove, M. D. Coroner

(Address) 2052 E Fallsway

M. D. B. 1948-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96381 — E 96381 — V 46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert North

(a) Residence: No. 1614 E Pratt St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 8, 1933

UNDERTAKER Jim Lee Funeral Home

(Address) Huntington Avenue, Md

FILED Dec 8, 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 Death is said

I last saw h alive on 19

to have occurred on the date stated above, at 2:47 pm

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Heagy, Jr. M. D.

Coroner

(Address) 202 N Fallsway

REMORSE

C. D. H. 1268-8

96382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 179

Registered No. E 96382

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert F. Reese

(a) Residence: No. Armistead Hotel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Reese

DATE OF BIRTH (month, day, year) Sept 13 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired (Shipping)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Lynchburg Va

12. NAME Rich Henry Reese

13. BIRTHPLACE (city or town) (State or country) Va

14. MAIDEN NAME Jeanette Evans

15. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Fred. H Reese

(Address) 8730 123 Rockaway Rd

BURIAL, CREMATION, OR REMOVAL

Place Universal Dec 17 Date Dec 17 19 33

UNDERTAKER Huntington Undertaking Co

(Address) 1303 Huntington Ave

FILED Dec 17 19 33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 19 33

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 19 33 to Dec 15 19 33

I last saw him alive on Dec 13 19 33 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia Bronchial

Lobar Pneumonia

Accidental

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo. M. Fuller, M. D.

Coroner

(Address) 701 E Lexington

E 96383

Rev.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

96383 108

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Eye Ear + Throat Prof'ly 15-01 WARD)

CITY OF BALTIMORE: (No. 1214 Eutaw Place ST.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Cooper.

(a) RESIDENCE. NO. 715 Gold St ~~1214 Eutaw Place~~ ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Cooper

6 DATE OF BIRTH (month, day, and year) Mar 16. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 27

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm. T. Savoy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Axiah Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lottie Beasley

(Address) 715 Gold St

15 Filed 8 1933 . 19 Huntington Phillips, Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16-1933

17 I HEREBY CERTIFY, That I attended deceased from 12-6 . 1933 . to 12-16 . 1933 .

that I last saw h alive on 12-16-33 . 19 .

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia - bilateral

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Mature senile cataract

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at hospital

Did an operation precede death? yes Date of 12-7-33

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings.

(Signed) Jerome Snyder M. D.

. 19 (Address) 1214 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Dec 20 1933

20 UNDERTAKER Thomas E. Kelson

ADDRESS 303 Presstman St

M. D. B. 1268-0

E 96384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96384

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 N. Mount St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Wesley

(a) Residence: No. 1516 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Wesley.

6. DATE OF BIRTH (month, day, year) July 15, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Henry Holland

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Elizbith Addison

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Andrew Holland.
(Address) 1516 n. mount St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemetery Date Dec 20, 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave.

20. FILED 87933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1933, to Dec 17th, 1933. Death is said

I last saw h alive on Dec 17th, 1933. Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency	About 12 yrs

Other contributory causes of importance:

Arteriosclerosis — Dec

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leo. M. Lauenbacher M. D.

(Address) 1516 N. Mount St

M. D. H. 1268-9

96385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

AE 96385

93-603

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Elsinor Ave. St. 15-01 Ward)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Thomas Fowler

(a) Residence: No. 2217 Elsinor Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) April 26, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Draftsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John N. Fowler

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Elizabeth J. Frey

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

17. INFORMANT Mrs. Oliver C. Cromwell

(Address) 2217 Elsinor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 12/20/33, 19

19. UNDERTAKER George F. Smith

(Address) 1900 Eutaw Place

Huntington Pettibone, M.D. Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1933 to Dec. 17, 1933

I last saw him alive on Dec. 17, 1933. Death is said to have occurred on the date stated above, at 9.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Chronic	Sept 1933

Other contributory causes of importance:

Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 8 E. Read St.

AdCo. 5-11 2500

E 96386

96386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 W. Lexington St. 19-01 Ward)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucretia Carlisle

(a) Residence: No. 1306 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Stevenson Sta Balto. Co. Md

13. NAME Burlington Carlisle

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md

15. MAIDEN NAME Ann C. Gill

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

17. INFORMANT Estate of Lucretia Carlisle
(Address) 1306 Lft. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Stone Chapel Date Dec. 19 1933

19. UNDERTAKER George J. Smith
(Address) 1900 Harlem Ave. Catonsville

19 ... Registrar.

DEC 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1933.

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933 to Dec. 17, 1933
I last saw her alive on Dec 17, 1933 death is said to have occurred on the date stated above, at 10:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis - cerebral hemorrhage	3 years 2 days.

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis usual Was there an autopsy? No

23. If death ~~was due to~~ external causes (violence) fill in also the following:
Accident, ~~suicide~~, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. A. Kipp M. D.

(Address) 3930 Edmondson Ave.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96387

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 Bonner Rd St., 15-01 Ward)

Length of residence in city or town where death occurred 87 yrs. 4 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Elizabeth Nicholson

(a) Residence: No. 3809 Bonner Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 24, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Nicholson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Jane Myers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Isaac W. Hines
(Address) 3809 Bonner Road

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place London Park Date Dec 19, 1933

19. UNDERTAKER George J. Smith
(Address) 1900 Eutaw Place

DEC 18 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933 to DEC 16, 1933

I last saw h ER alive on DEC 16, 1933 death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Nov 20 -

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Arthur J Dames, M. D.

(Address) 806 W 33rd St

M. D. B. 1268-0

E 96388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

96388

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Reisterstown Road St. 15-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George F. Riefle

(a) Residence: No. 2900 Reisterstown Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma E. Curatin

6. DATE OF BIRTH (month, day, year) July 25, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	4	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Henry Riefle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Jacobina Rohrbacher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clarence Everett Riefle

(Address) 312 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date Dec. 19, 1933

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

Huntington Williams, M.D.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16-1933

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to Dec 16 1933

I last saw him alive on Dec 16 1933. Death is said to have occurred on the date stated above, at 12 midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	5 yrs
Arterio-sclerosis.	
Other contributory causes of importance Carcinoma Penis	2-4 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. A. Brady M. D.

(Address) 140 E Park ave.

M. D. B. 1268-9

E 96389

96389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 21-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ruth Creasy

(a) Residence: No. 835 W Cross St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clarence Creasy

6. DATE OF BIRTH (month, day, year) Sept 10, 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	23	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Roanoke (State or country) Va

FATHER

13. NAME Hugh Waldron

14. BIRTHPLACE (city or town) Roanoke (State or country) Va

MOTHER

15. MAIDEN NAME Minnie Wheeler

16. BIRTHPLACE (city or town) Roanoke (State or country) Va

17. INFORMANT Friends (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Roanoke Va Date 12/18/33 No.

19. UNDERTAKER Holborn Corbin (Address) 1314 E Pratt St

Huntington Williams, M.D. Registrar.

8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1933 to December 17, 1933

I last saw her alive on December 17, 1933. Death is said to have occurred on the date stated above, at 7:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I P Magee M. D.

(Address) Balt. City Hosp

M. D. B. 1268-9

E 96390

96390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 E. 36th St., 13 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia A. Lee

(a) Residence: No. 1214 E. 36th St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Richard Lee

6. DATE OF BIRTH (month, day, year): Sept. 30-1850

7. AGE: Years 83; Months 2; Days 17; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: — Markey

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Charles E. Lindsay

(Address): 1214 E. 36th St.

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Mary's Homeland Dec. 19-1933

19. UNDERTAKER: Horace F. Burgee

(Address): 3621 Falls Road.

20. [illegible] Washington Williams M.D.
Registrar.

81933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 17. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1. 1932 to Dec 17 1933

I last saw her alive on Dec. 16. 1933 Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Other contributory causes of importance: General Arteriosclerosis.	

Name of operation: None Date of: —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Horace Burgee M. D.

(Address) 846 W 36th St.

AACo. 5-11 250R E 96391 E 96391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH Sanitl Baltimore Genrl Hospl — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 24 — Ward) Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank J. Melnick

(a) Residence: No. 1415 Laurman St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 20 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Melnick

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Sophie Pergunka

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Frank Melnick
(Address) 1415 Laurman St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Dec. 20 1933

19. UNDERTAKER John C. Miller
(Address) 2435 E. Fine St

FILED DEC 18 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/14/33, 19 ... to 12/18/33, 19 ...
I last saw h— alive on 12/18/33, 19 ... death is said to have occurred on the date stated above, at 7:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/14/33
Other contributory causes of importance: Leucocytosis, marked	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? Y

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D. M. L. Cuppia, M. D.
(Address) Co. Balto. Gen. Hosp.

M. D. B. 1248-p E 96392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96392

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Williams

(a) Residence: No. 2023 Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Divorced

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	—		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Painter 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Catherine Knapp

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lillian Green

(Address) 2023 Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Dec 19 1933

19. UNDERTAKER John C. Miller

(Address) 2435 E. Monument St

FILED Dec 19 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 1305 N Fulton Ave

M. D. R. 1268-9 E 96393 Margaret Epply E 96393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 E. Preston St., 8-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Margaret Eoply

(a) Residence: No. 1528 E. Preston St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. Eoply

DATE OF BIRTH (month, day, year) Dec 25/1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11	22 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME ??? Holland

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT G. Alfin Eoply (Son)
(Address) 21 E. 21st St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Dec 19 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul

DEC 19 1933 19 A. M. Filed Dec 23 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16/33. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at Probably before midnight m.

The principal cause of death and related causes of importance were as follows:

Coal Gas Poisoning — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accidental Date of injury Dec 16 1933

Where did injury occur? 1528 E. Preston St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury Dampers closed on Latrobe

Nature of injury stove

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H. Buck Coroner, M. D.

(Address) 508 E Preston

M. D. B. 1949-9 E 96391 E 96394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Smith

(a) Residence: No. 11 Penn St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Smith

6. DATE OF BIRTH (month, day, year) .....

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME ? Jones

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Harry Smith
(Address) 11 Penn St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 12/20 1933

19. UNDERTAKER Samuel J. Hemsley
(Address) 5700 Eddie St.

FILED DEC 19 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17 1933

22. I HEREBY CERTIFY, That I attended deceased from November 20 1933 to December 17 1933
I last saw her alive on December 17 1933 Death is said to have occurred on the date stated above, at 7 15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis (Aortic) and hypertension,	
2. Cardiac hypertrophy and dilatation & aortic insufficiency	
Other contributory causes of importance:	
1. Cerebral hemiplegia	
2. Cardiac decompensation & edema	

Name of operation ..... Date of .....

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) S. M. Magruder, M. D.

(Address) St. Joseph's Hospital Baltimore, Md.

M. D. B. 1206-9 E 96395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96395

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals 5-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Borden

(a) Residence: No. 204 S. Eden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edward Borden

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	70 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) Baltimore

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Tobias Borden

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 12/19/33 19
Place Greenmount Cemetery

19. UNDERTAKER Samuel Shurley & Bro
(Address) 3-5 W Fayette St

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1933, to December 16, 1933

I last saw her alive on December 16, 1933 Death is said to have occurred on the date stated above, at 11 to P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Heart disease, hypertension	?
Nephritis, chronic	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ..... M. D.

(Signed) J. P. Magruder

(Address) Balto City Hosp

M. D. B. 1268-0 E 963396 E 963396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton City Hospital Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Scott

(a) Residence: No. 306 Princeton Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Scott

6. DATE OF BIRTH (month, day, year) 1/1/92

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colored Co.

FATHER

13. NAME Wm. Jones.

14. BIRTHPLACE (city or town) (State or country) Colored Co.

MOTHER

15. MAIDEN NAME Lucie Smith

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Thomas Scott (Address) 306 Princeton Place

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 12/13/33

19. UNDERTAKER (Address)

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11/33

22. I HEREBY CERTIFY, That I attended deceased from 12/11/33 to 12/11/33

I last saw him alive on 12/11/33 Death is said to have occurred on the date stated above, at 7:15 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	?
Other contributory causes of importance: Multiple abscess	?

Name of operation D & C Date of 12/11/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so,

(Signed) J. R. Bowen, M. D.

(Address) Bolton City Hospital

M. D. B. 1249 E 96397 E 96397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7 or 01 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Leyhe

(a) Residence: No. 123 S Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Leyhe

6. DATE OF BIRTH (month, day, year) Feb 22, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Tyar?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maryand?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Regd
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 19 1933

19. UNDERTAKER Zilly & Zeller Sec.
(Address) 402 S Wolfe St.

20. FILED Huntington Disease

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15 1933

22. I HEREBY CERTIFY, That I attended deceased from October 20 1933 December 15 1933

I last saw her alive on December 15 1933. Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic nephritis, arteriosclerotic	?
Hypostatic pneumonia	Terminal
Pulmonary edema, acute	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T Bhagat M. D.

(Address) Balt City Hosp

M. D. B 1268-9

E 96398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96398

v 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo. Young

(a) Residence: No. 1263 McCulloh St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaretta Young

6. DATE OF BIRTH (month, day, year) 5/16/1880.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurens S.C.

MOTHER FATHER

13. NAME Jacob Young

14. BIRTHPLACE (city or town) (State or country) Laurens S.C.

15. MAIDEN NAME Jane -

16. BIRTHPLACE (city or town) (State or country) Laurens S.C.

17. INFORMANT Bernard Young

(Address) Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Date 12-14 19 33

19. UNDERTAKER Bryant Funeral Home Inc.

(Address) 2118 Mc & Calvert St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/27 1933 to 12/12 1933

I last saw him alive on 12/12 1933 Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with metastasis to lung	1

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. B. Young M. D.

(Address) Balto City Hospitals

E 96399

M. D. B. 1208-9 E 96399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 Hartsdale St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William H. Johnson

(a) Residence: No. 733 H Hartsdale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Johnson

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa to Md

FATHER

13. NAME Isaac Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Savoy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lawrence Harman

(Address) 624 Lee St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem, Date 12-20-1933

19. UNDERTAKER Blow Manns & Knight

(Address) 1218 N. Eutaw Eden St

20. FILED DEC 19 1933 Huntington Williams Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1933 to 12-17 1933

I last saw him alive on 12-17 1933 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	12-15
Other contributory causes of importance:	
Cerebral Hemorrhage	12-17 33

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo S Allen M. D.

12-18-33 Address 550 Gilmore St

M. D. B. 1269-9 E 96400 E 96400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert W. Burwell

(a) Residence: No. Hotel Rialto (Usual place of abode) St. Eutaw & Camden Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Unknown 1876

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Leo. J. Cummings

(Address) Calvert Bldg.

18. BURIAL, CREMATION, OR REMOVAL

Place Bridge Hill Cemetery Date 12-20, 1933

19. UNDERTAKER John Rowan & Son

(Address) 911 Linden Ave

20. FILED 12-14, 1933 Ethan Williams Registrar

19133

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D. Coroner

(Address) ...

M. D. B. 1268-9

E 96401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96401

CERTIFICATE OF DEATH

V 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 S Conkling St., 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Clements

(a) Residence: No. 902 S Conkling St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John G Clements

7. DATE OF BIRTH (month, day, year) Oct 13 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Pitts

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ethel E Miller

(Address) 324 S Carrollton

18. BURIAL, CREMATION, OR REMOVAL

Place Odd Fellows Cem Date Dec. 19 33

19. UNDERTAKER Gilby & Zeiler Inc

(Address) 463 Huntington Ave

DEC 19 1933

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S P Herzog M. D.
Coroner

(Address) 1305 N Patterson Park Ave

M. D. B 1268-9

E 96402

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96402

V 186-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Providence Hosp St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo. Stanley.

(a) Residence: No. 1019 Lenkerton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Irene

7. DATE OF BIRTH (month, day, year): Mar 1 1888

AGE: Years 46 Months 9 Days 16 If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chestertown Md.

13. NAME: Andrew Stanley

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mahoney

16. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: Irene Stanley.
(Address) 1009 Lenkerton

BURIAL, CREMATION, OR REMOVAL: Place Mt Zion Date 12/20/33

UNDERTAKER: Adolph Halstead.
(Address) Eutaw & Lanvale Sts.

FILED ..... 19 ..... Registrar.

19 1933

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, year): Dec 17 1933

12. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Duration 9 Days — Interval between onset and death

Other contributory causes of importance: Fall down steps

on head

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Injury occurred (Month) Dec 17 (Day) (Year) 1933

Where did injury occur? 1009 Lenkerton
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. O. Neal M. D.
Coroner

(Address) Eutaw & Lanvale Sts.

M. D. B. 1268-9 E 96403

E 96403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 341 S Payson St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara E Sipple

(a) Residence: No. 341 S Payson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced RESBAND of (or) WIFE of Jacob Sipple

6. DATE OF BIRTH (month, day, year) JUNE-10-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Emanuel Fleck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jacob Sipple

(Address) 341 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec-20/33

19. UNDERTAKER F. B. Rupert & Son

(Address) 1300 Eastern Ave

20. FILED DEC 19 1933 ... 19... (Registrar's Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17/33 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1933 to Dec 17, 1933

I last saw h. alive on Dec 17, 1933 Death is said to have occurred on the date stated above, at 9.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronac Thrombosis	
Pulmonary Oedema	6 hrs

Other contributory causes of importance:

Cerebral Arterio Sclerosis	2 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Howard Lakin, M. D.

(Address) 327 N Broadway

M. D. S. 1268-9

E 96404 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 96404

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 12 ds. How long in U. S. If of foreign birth? ..yrs. ..mos ..ds.

2. FULL NAME Lucy Williams

(a) Residence: No. Rock Hall, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lottie Williams

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Not Given

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Given

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Baltimore
(Address) Rock Hall Md

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Hall Md Date 12/19/33

19. UNDERTAKER Samuel J. Okuntz
(Address) 782 Eutaw

20. FILED 19

DEC 19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-6-33, 19, to 12-18-33, 19

I last saw him alive on 12-18-33, 19. Death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1

Other contributory causes of importance:

Name of operation ..Date of ..

What test confirmed diagnosis? ..Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..Date of injury ..19..

Where did injury occur? ..
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..

Manner of injury ..

Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased?
..If so, specify ..

(Signed) William Scott Rogers M. D.

(Address) President Hospital

M. D. B. 1268-9

E 96405

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96405

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3-E-27 St., 12-81 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? 80 yrs. 1 mos. 7 ds.

2. FULL NAME Archibald Campbell

(a) Residence: No. 3-E-27- St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Nov 10 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Selby Sales book Co

10. Date deceased last worked at this occupation (month and year) Nov 28 1933

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) Balto
(State or country) Md.

FATHER

13. NAME William Campbell

14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER

15. MAIDEN NAME Susan Zollinger

16. BIRTHPLACE (city or town) Harrisburg
(State or country) Penna

17. INFORMANT Mr. Thos. W. Campbell (Son)
(Address) 3-E-27-St. Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Dec. 19 1933

19. UNDERTAKER Stewart Mooney Co.
(Address) 108 W. Mon. Ave.

20. FILED DEC 19 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 1933, to Dec 17 1933.

I last saw h.. alive on Dec 17 1933. Death is said to have occurred on the date stated above, at 11:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro vascular Hemorrhage	1930
Chronic Interstitial Nephritis	1930
Other contributory causes of importance: Cardiac Failure	1933

Name of operation ..... Date of .....

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

E 96406 6 E 96406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 24-61 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Kirby

(a) Residence: No. 1729 Little William st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kirby

6. DATE OF BIRTH (month, day, year) Feb. 26, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Kirby

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Dolly (unknown)

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem. Date 12-21-33

19. UNDERTAKER Margaret G. Flynn.
(Address) 2157 Northern Pkwy. ~~Hillen & Williams~~

DEC 19 1933 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1933 to Dec. 18, 1933

I last saw him alive on Dec. 18, 1933 Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

NP (Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96407 ✓ 23E 96407

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 76-01 Ward)

Length of residence in city or town where death occurred 7 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME William Wiedemann

(a) Residence: No. ___ St. Balto. City Hospitals Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ___

6. DATE OF BIRTH (month, day, year) Feb. 4, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	72	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cigarmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ___

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Wiedemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina ___

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) Balto. City Hosp

18. BURIAL, CREMATION, OR REMOVAL St Paul's Cem. Dr. Date 12/19, 1933

19. UNDERTAKER Mrs Chas A G Ryder

(Address) 2327 Edmondson Ave

DEC 19 1933 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-6-, 1933, to 12-17, 1933.

I last saw him alive on December 17, 1933. Death is said to have occurred on the date stated above, at 2:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accident	11 days
Arteriosclerosis + hypertension	?
Hemiplegia	?

Other contributory causes of importance:

Old pul. Tbc.

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of Injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) T. W. Ginberg, M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

E 96408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96408

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2226 Aiken St., 9-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Wassin

(a) Residence: No. 2226 Aiken St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wassin

7. DATE OF BIRTH (month, day, year) Jan 10/1878

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper-hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER OR FATHER

13. NAME John Wassin

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine ??????

16. BIRTHPLACE (city or town) (State or country) ??????

17. INFORMANT Mary Wassin

(Address) 2226 Aiken St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem Date Dec 21 1933

19. UNDERTAKER Henry Tracy Sons Inc

(Address) 301 E Fayette St Baltimore Md

Huntington

FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18/33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

Probably a Apoplexy

(History of slight previous stroke)

Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 508 E Fort Ave

M. D. R. 1268-9

E 96409 E 96409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 Eversley Ave (Ward) 46-01

Length of residence in city or town where death occurred ... yrs. ... mos. ...ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christina Ganter

(a) Residence: No. 3606 Eversley Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Francis X. Ganter

6. DATE OF BIRTH (month, day, year) Nov. 26 1842

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME G. F. W. Georgii

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Crescentia Zuder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Josephine L. Dixon

(Address) 3606 Eversley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cem Date Dec. 20, 1933

19. UNDERTAKER Josiah Lyter

(Address) 1612 N. North Ave

Dec 19 1933 Huntington Ave Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1933 to Dec. 17, 1933

I last saw her alive on Dec. 17, 1933 Death is said to have occurred on the date stated above, at 7:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/17

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Emmet L. Corrington, M. D.

(Address) 514 Drury Lane

M. D. B. 1268-9 E 96410

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96410

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Hollins St. St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah E. Harrington.

(a) Residence: No. 1228 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6a. If married, widowed, or divorced, XXXXXXX (or) WIFE of John Harrington.

6. DATE OF BIRTH (month, day, year) January 13, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg, W. Va.

13. NAME Jacob. Leight.

14. BIRTHPLACE (city or town) (State or country) West Virginia.

15. MAIDEN NAME ---- Poisel.

16. BIRTHPLACE (city or town) (State or country) West Virginia.

17. INFORMANT Anna Lynn. (daughter)
(Address) 703 N. King St. Martinsburg W. Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Martinsburg W. Va. Date Dec 20, 1933

19. UNDERTAKER Arthur Brooks & Son
(Address) Baltimore & Forrest Sts.

20. FILED DEC 13 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto M. Reinhard Coroner, M. D.

12/18/33 (Address) 1017 E. Charles St.

M. D. B. [illegible] E 96411 E 96411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A. Kelly Hospital St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Charlotte Betsy Beasley.

(a) Residence: No. Birmingham, Ala St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE of~~ Mr. Walter Beasley.

6. DATE OF BIRTH (month, day, year) May 13, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Water Wisconsin

FATHER

13. NAME Mr. Avelin D. Hester

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Nellie West

16. BIRTHPLACE (city or town) (State or country) Madison Wis.

17. INFORMANT Mr. Walter Beasley (Husband)

(Address) Birmingham, Ala.

18. BURIAL, CREMATION, OR REMOVAL

Birmingham Alabama Dec 19. 1933

19. UNDERTAKER Chas. G. Black

(Address) 742 W. North ave

20. FILED [illegible] 1933 Hunter, top [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1933 to Dec. 18, 1933

I last saw her alive on Dec. 18, 1933 Death is said to have occurred on the date stated above, at 1:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the thyroid	Jan. 1931
metastatic carcinoma - lungs	" "

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles L. Mengel M. D.

(Address) 1418 Eutaw Place

M. D. B. 1268-9

E 96412 E 96412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Baker St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F. Donald

(a) Residence: No. 1508 Baker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma May Donald

6. DATE OF BIRTH (month, day, year) June 2, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Carolina

FATHER

13. NAME John Donald

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Elizabeth Gladden

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Elizabeth Gladden

(Address) 174 W. Stephen St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Dec 20, 1933

19. UNDERTAKER Archibald G. Gaudes

(Address) 2101 Mt. Auburn Ave.

20. FILED Dec 19, 1933 [illegible] Registrar.

19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1933 to Dec 18, 1933

I last saw him alive on Dec 14, 1933 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Obstruction occlusion — Date of onset Dec 13 1933

Other contributory causes of importance:

Cancer — Date of onset 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1507 Eutaw Place

M. D. B. 1268-4

E 96113

E 96113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

Registered No. 108

CITY OF BALTIMORE: (No. ..... S. 41-61 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George U. Stivers

(a) Residence: No. Mountain Rd Pasadena Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Stivers

6. DATE OF BIRTH (month, day, year) April 8 - 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Thomas Stivers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E Covell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Mary A. Stivers

(Address) 306 Stinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mountain Cemetery Date Dec 19 1933

19. UNDERTAKER George F. Schwatt

(Address) 2101 Eutaw Pl. Ave.

20. FILED DEC 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-12 1933, to 12-16 1933

I last saw him alive on 12-16 1933. Death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. J. Thrasher Jr. M. D.

(Address) 1111 Eutaw Pl.

M. D. P. 126-6 E 96414 E 96414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 107-001

1. PLACE OF DEATH St Agnes Hospital 25-01 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Catan aves St. Ward)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bell Young

(a) Residence: No. St Agnes Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired gds

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Rom Catholic Date Dec 20 1933

19. UNDERTAKER Martin Fahey Sons
(Address) 1827 W. North Ave.

20. FILED DEC 19 1933 Huntington Williams Sr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Feby 9. 1932 to Dec 18 1933.
I last saw h alive on Dec. 18 1933 Death is said to have occurred on the date stated above, at 4 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Debilitation	
Pneumonia.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Carl G Merbel M. D.

(Address) St Agnes

Spec.—2-29-28—L. F. S.—500 Blks. E 96415

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96415

CERTIFICATE OF DEATH

23

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1602 Baker ST. 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michael Francis Ford

(a) RESIDENCE NO. 1602 Baker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara A Ford

6 DATE OF BIRTH (month, day, and year): March 25-1876

7 AGE: Years 57 | Months 8 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sexton

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: St Gregory's Church

9 BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: Daniel Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Julia Coughlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Mrs Barbara A. Ford

(Address) 1602 Baker St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 18, 1933

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to Dec. 18, 1933, that I last saw h im alive on Dec. 17, 1933, and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam'n. X-ray.

(Signed) Fortes I. Baggett, M. D.

, 19 (Address) 2229 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: Dec 21 1933

20 UNDERTAKER: Martin Fahey Sons

ADDRESS: 1917 North Ave

M. D. B. 1265-9

96116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96116

V 208

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 9-01 St., Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J Miller

(a) Residence: No. 2764 Tivoli Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb 26 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 23 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katrina

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Miller (sister)
(Address) 2764 Tivoli Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 12-22 1933

19. UNDERTAKER Albert J Feltz
(Address) 1406 E Chase St

20. FILED DEC 23 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 1933

22. I HEREBY CERTIFY, That I attended deceased from injury 1933 to 1933

I last saw h alive on injury 1933 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Crushed left chest — Date of onset ✓
Internal injuries

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12 18 1933

Where did injury occur? Harford Rd & Lanvale St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving

Nature of injury collided with a street car

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Adams M. D.
Coroner

(Address) 2100 E Monument

M. D. B. 12684 E 96417 Deyo E 96417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Littleton Ave 16-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Addison Jay Deyo

(a) Residence: No. 3009 Littleton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie A. Deyo

6. DATE OF BIRTH (month, day, year) June 3, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) 2.

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME Geo. Deyo

14. BIRTHPLACE (city or town) (State or country) N. York City N. Y.

MOTHER

15. MAIDEN NAME Mary Ann Deyo.

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Jessie A. Deyo
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rochester Ill. Date Dec. 19. 1933

19. UNDERTAKER Geo. W. Little
(Address) 2160 Edmondson Ave

20. FILED Dec 19 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1933 to Dec 19 1933

I last saw him alive on Dec 18 1933 Death is said to have occurred on the date stated above, at 8.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Malignancy	Oct 1933

Other contributory causes of importance:

Malignant Diabetes	

Name of operation none Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jesse A. Packard M. D.

(Address) 12 19 Eastern Ave

M. D. B. 1268-0

Grochmal E 96418

96418

HEALTH DEPARTMENT—CITY OF BALTIMORE

XV34

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-Al (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 43 yrs. ... mos. ... ds.

2. FULL NAME James Grochmal

(a) Residence: No. Sherwood Rd. Towson, Balto. Co. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced (or) WIFE of Anastasia Grochmal

6. DATE OF BIRTH (month, day, year) March 1 1883

7. AGE 50 Years	9 Months	10 Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Albert Grochmal

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Ry

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Mrs) Anastasia Grochmal

(Address) Sherwood Road Idlewylde Towson

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date Dec 20, 1933

19. UNDERTAKER John F. Weber

(Address) 401 Lexington & Huntington Pikesville, Md.

20. FILED DEC 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-11-33, 19..., to 12-17-, 1933.

I last saw him alive on 12-17-, 1933. Death is said to have occurred on the date stated above, at 6.55 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cystic cortex a aortic insufficiency — 12-10-33

Pulmonary embolism

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard France, M. D.

(Address) Union Memorial Hospital

AaCo. 5-11 2508

E 96419

96419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XVII-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N Pulaski St. 20-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Berardo Palmerino Jr

(a) Residence: No. Sunset Ave, Woodlawn 2nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24-1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md.

MOTHER FATHER

13. NAME Berardo Palmerino

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Salvatora Di Chiara

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Concetta ~~Esposito~~ Esposito
(Address) 517 N Pulaski St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Dec 20, 1933

19. UNDERTAKER Geary & Ruth Sons
(Address) 125 Harlem Ave Baltimore, Md.

20. FILED 21933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1933, to December 19, 1933

I last saw him alive on Dec 19, 1933 death is said to have occurred on the date stated above, at 2:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12-17-33
Other contributory causes of importance:	
Influenza	12-12-33
Paul Palmerino	12-17-33

Name of operation Date of

What test confirmed diagnosis? P.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chester Riland, M. D.
(Address) 2532 Edmondson Ave.

ABCo. 5-H 2908

96420

HEALTH DEPARTMENT—CITY OF BALTIMORE

96420

93-003

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Oliver St. nr Caroline St. 9-01 Ward)
Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael F. Foley

(a) Residence: No. St. Paul's Rectory Oliver St. Nr Caroline Street. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of - - - - - - -

6. DATE OF BIRTH (month, day, year) 9/29/1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	18	xxxxxx

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Patrick Foley
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER
15. MAIDEN NAME Annie Flynn
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Miss Ann Foley
(Address) 1501-N. Caroline Street.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/20/33

19. UNDERTAKER George J. Roth Inc.
(Address) 1501 Huntington Avenue, Baltimore, Md.

Registered 19 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1933 to Dec. 17, 1933
I last saw him alive on Dec. 17, 1933 death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset 1930

Other contributory causes of importance:
Bronchopneumonia — 12/14/33

Name of operation — Date of
What test confirmed diagnosis? Clinical symptoms. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward C. Singewald, Jr. M. D.
(Address) 1615 E. North Ave. Balto.

AACo. 1-31 2500

E 96421

HEALTH DEPARTMENT CITY OF BALTIMORE

96421

X 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital (If not in hospital give street and number) St. 2 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Zelma Cook Linthicum Hgts, Md.

(a) Residence: No. Laraway Park St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carroll C. Cook

6. DATE OF BIRTH (month, day, year) April 6, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Florida

MOTHER FATHER

13. NAME Daniel W. Manning

14. BIRTHPLACE (city or town) (State or country) Florida

15. MAIDEN NAME Mrs. Mumbill

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT, Carroll C. Cook (Address) Linthicum Hgts. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Andover Date 12/26/1933

19. UNDERTAKER Hoen & Co. (Address) 410 E. Lexington St. Huntington Williams, Reg.

20. [illegible] 01933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18/33 19

22. I HEREBY CERTIFY, That I attended deceased from 12/13/33, 19 ... to 12/18/33, 19 ... I last saw her alive on 12/18/33 19 ... death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12/12/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) D. M. L. Cronin M. D.

(Address) So. Balto. Gen. Hosp.

M. D. P. 1268-9

E 96122

96122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

136-002

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Maggie Bernice Schubert

(a) Residence: No. 636 S. Monroe St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Jesse Schubert

6. DATE OF BIRTH (month, day, year) Jan. 23-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robt F. Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sally A. Bratton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Jesse Schubert

(Address) 636 S. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/20 1933

19. UNDERTAKER Harry T. Pentz & Co.

(Address) 410 E. Edmondson Ave

20. DATE RECEIVED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1933 to Dec 17 1933

I last saw her alive on Dec 17 1933 Death is said to have occurred on the date stated above, at 10 40 a.m.

The principal cause of death and related causes of importance were as follows:

(a) Vaginal fistula. — Date of onset July 1933

Other contributory causes of importance:

Malnutrition with stomatitis and enteritis.

Name of operation Exploratory laparotomy Date of 11-4-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl C. Nedzel, M. D.

(Address) St Agnes Hosp

M. D. B. 1268-0

E 96123

96123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 20-21 Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Eugene W. Pruitt

(a) Residence: No. 2526 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Blanch Pruitt

6. DATE OF BIRTH (month, day, year) Aug. 18, 1881

7. AGE	Years	Months	Days	If LESS than 1 day.. hrs. or min.
	52	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing shop

10. Date deceased last worked at this occupation (month and year) Nov. '33

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Eugene R. Pruitt

14. BIRTHPLACE (city or town) (State or country) Berlin Maryland

MOTHER

15. MAIDEN NAME Emma Cornthwaite

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date 12/22 19 33

19. UNDERTAKER Harry T. Pritchett
(Address) 4101 Eastern Ave

19 1933

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1933 to Dec. 19, 1933

I last saw him alive on Dec. 19, 1933 Death is said to have occurred on the date stated above, at 2:21 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Appendicitis	1930
Inguinal Hernia	Oct. '33

Other contributory causes of importance:

Bronchopneumonia	Nov. 23, '33
Septicemia	Dec. 14, '33

Name of operation Removal of appendix Date of Nov. 20, '33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ... M. D.

(Address) ...

M. D. B. 1268-9

E 96424

HEALTH DEPARTMENT—CITY OF BALTIMORE

96424

V 46

CERTIFICATE OF DEATH

Registered No. 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4666 York Rd St. 7 Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Rennie

(a) Residence: No. 4666 York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Rennie Sr.

6. DATE OF BIRTH (month, day, year): July 15, 1861

7. AGE — Years: 72 | Months: 5 | Days: 2 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: Patrick Keenan
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Kelly
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: John Rennie
(Address): 4666 York Rd.

18. BURIAL, CREMATION, OR REMOVAL: Interment
Place: Mt. Carmel Date: Dec 21, 1933

19. UNDERTAKER: John H. Logan
(Address): 2000 Eutaw St.

20. Huntington Williams, M.D.
Registrar.

191933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to Dec 17, 1933.

I last saw him alive on Dec 17, 1933. Death is said to have occurred on the date stated above, at 1:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver, intestines, stomach	1932?
Other contributory causes of importance: Pneumonia	1933

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, so specify:

(Signed) H. W. Bishop, M. D.

Dec 18, 33 (Address) 821 Shenandoah

M. D. B. 1268-9

E 96425

96425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 S. Newkirk St. 26 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Davis

(a) Residence: No. 322 S. Newkirk St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of Elizabeth Butzner Davis

6. DATE OF BIRTH (month, day, year): Sept. 12 - 1881

7. AGE: Years 52 | Months 3 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Broker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: John H. Davis
14. BIRTHPLACE (city or town) (State or country): City

MOTHER

15. MAIDEN NAME: Lena Mieting
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Ely. Davis
(Address) 322 S Newkirk St

18. BURIAL, CREMATION, OR REMOVAL
Place Int Cloverdale Date 12/21 1933

19. UNDERTAKER: John J. Doran
(Address) 3600 Baltimore Huntington Ave, Md.

20. Filed 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1933 to Dec 17 1933

I last saw h... alive on Dec. 17 1933 Death is said to have occurred on the date stated above, at 6 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	10 days
Cause Unknown	
Other contributory causes of importance: Acute Dilatation	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. H. Monahan M. D.

(Address) 3568 Reed St.

1-30—M. & T.—100 B—50L

E 96426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Marie P. Satterfield

(a) RESIDENCE NO 1528 E. Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) July 4, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	5	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Satterfield

11 BIRTHPLACE OF FATHER (city or town) ------
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine ----

13 BIRTHPLACE OF MOTHER (city or town) ------
(State or country) Maryland

14 Informant Mgr. Harry L. Quinn

(Address) 408 N. Charles Street

15 Filed 12/19 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18/33 9.50 A.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coal Gas Poisoning
Accidental
over 24 hrs (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1528 E. Preston St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [signature], M. D. Coroner

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 12/20 19 33

20 UNDERTAKER Henry U. Mears and Son — ADDRESS 505 N. Calvert

M. D. B. 1268-9

E 96127

96127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Homewood Avenue St., 9-01 Ward)

Length of residence in city or town where death occurred 70 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Patrick J. Lyons

(a) Residence: No. 2010 Homewood Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary O'Sullivan

6. DATE OF BIRTH (month, day, year) Jan. 10, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Not obtainable

17. INFORMANT Joseph P. Lyons
(Address) 2010 Homewood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 12/21 19 33

19. UNDERTAKER Henry W. Meares and Son
(Address) 805 N. Calvert St.

[illegible] Registrar.

19 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/20 1933 to 12/18 1933

I last saw h[illegible] alive on 12/17 1933 Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Edema of lungs	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Bernard Wess M. D.

(Address) 1216 N. Calvert St

AaCo. 5-31 250B

E 96428

HEALTH DEPARTMENT—CITY OF BALTIMORE

96428 V131

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 160 N. Bond St., 8-01 Ward)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Hofferbert

(a) Residence: No. 160 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George F. Hofferbert

6. DATE OF BIRTH (month, day, year) Jan 26, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Nicholas Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Miss Margaret Hofferbert
(Address) 160 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Dec 20 1933

19. UNDERTAKER Knight & Sons Inc
(Address) 424 N. Broadway

Filed DEC 19 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1927, 1931, to Dec. 18, 1933

I last saw h.e.r alive on Dec. 17 1933 death is said to have occurred on the date stated above, at 8:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 years

Other contributory causes of importance:

Chr. Nephritis	20 mos

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. W. Kourey, M. D.

(Address) 1812 N. Broadway

M. D. P. 1268-9

E 96429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96429 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Mosher St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 6 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Theresa Slater

(a) Residence: No. 2818 Mosher St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Slater

6. DATE OF BIRTH (month, day, year) June 11, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Patrick McCormick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Morrissey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Fred R. Ullrich
(Address) 2916 Riggs Avenue Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date 12/21 19 33

19. UNDERTAKER Henry U. Mears and Son
(Address) 802 N. Calvert St.

20. FILED ... 19 ... Registrar.

8 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933 to ..., 19...

I last saw h.. alive on Dec 18th 1933. Death is said to have occurred on the date stated above, at 5.40 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	

Other contributory causes of importance:

Ch. Interst Nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? Trad Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Byron Cerny M. D.

(Address) 400 N Clayton

M. D. B. 1268-9

E 96430

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96430

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6410 Rosemont Ave 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Llewellyn T. Griffiths

(a) Residence: No. 6410 Rosemont Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Fannie E. Griffiths

6. DATE OF BIRTH (month, day, year) Sept 13th 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorating

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Dr Wm Griffiths

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth D'Arcey

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Fannie E. Griffiths

(Address) 6410 Rosemont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec 21st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible]

DEC 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jany 1 1933 to Dec 18 1933

I last saw h[illegible] alive on Dec 18 1933 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset

Other contributory causes of importance

Cerebral Hem

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. E. Long M. D.

(Address) 418 Southway

M. D. B. 1268-9 E 96431 E 96431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4402 White Av St. 26-01 Ward)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Joseph Sauer

(a) Residence: No. 4402 White Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	married

5a. If married, widowed, or ~~divorced~~ HUSBAND of ~~WIFE of~~ Mary E. Sauer

6. DATE OF BIRTH (month, day, year) May 3rd 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Land Bank 062

10. Date deceased last worked at this occupation (month and year) Oct 1933

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Sauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kristina Felwinger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary E. Sauer

(Address) 4462 White Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 23rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED ..... 19 ..... Asst. ..... Registrar

DEC 20 1933 E Entitled

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-3 1933 to 12-20 1933

I last saw h.. alive on 12-19 1933 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenodynia	
Interstitial Nephritis	
Contributing Cause of Importance:	
Tuberculosis of Spine	12-3-33?
Congestive Pneumonia	12-16-33

Name of operation ..... Date of 26

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Brad Mueller M. D.

(Address) 1225 E Chase St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0 E 96432

E 96432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John M. Buschmann

(a) Residence: No. 412 Putnam Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 1, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME John D. Buschmann

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Flance Phillips

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT John D. Buschmann
(Address) 412 Putnam Place.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 22nd, 1933

19. UNDERTAKER Wm Cook
(Address) 127 E. Pratt St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 9:57 P.M.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/19, 1933
Where did injury occur? Harford Rd & 25th St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Highway
Manner of injury Run over by automobile Truck
Nature of injury Wide open fracture skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Joseph Thorn Coroner M. D.
(Address) 220 E. Madison St.

M. D. B. 1268-9 E 96133 E 96133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 St Paul St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annabelle Reisinger

(a) Residence: No. 1626 St Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Reisinger

6. DATE OF BIRTH (month, day, year) July 8 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4 5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stafford Co Va

FATHER

13. NAME Charles Joshua Henderson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Alberta Fauntleroy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm H. Reisinger

(Address) 1626 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12-22 1933

19. UNDERTAKER Wm Cook

(Address) 1519 St Paul St

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1933 to Dec. 19, 1933

I last saw h[illegible] alive on Dec 19, 1933. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Dec 15 1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isidor F. Gay, M. D.

(Address) 2324 Eutaw Place

M. D. S. 1268-9 E 96434 E 96434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 124-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2340 N. Calvert St. 12-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas LeRoy McMurray

(a) Residence: No. 2340 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise K. McMurray

6. DATE OF BIRTH (month, day, year) Nov 5-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Army Officer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marion Ohio

FATHER

13. NAME Thomas McMurray

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Eva Burkett

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Louise K McMurray

(Address) 2340 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Cremation Date Dec 20. 1933

19. UNDERTAKER William Cook

(Address) 121 W. Biddle Street

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7. 1933. to Dec 18. 1933

I last saw h[illegible] alive on Dec. 18 1933. Death is said to have occurred on the date stated above, at 3½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Jones M. D.

(Address) 720 N. North Ave

M. D. B. 1268-5 E 96435

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96435

CERTIFICATE OF DEATH

N 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willard James Hurley

(a) Residence: No. 1817 Portship Ave Dundalk Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 16/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dundalk, Md.

FATHER

13. NAME Willard Hurley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Edith French

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Willard Hurley
(Address) Dundalk, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Date Dec 13 1933

19. UNDERTAKER [illegible]
(Address) Foot Oates

DATED Dec 19 1933 Huntington Williams, M.D.

C 20133

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4.11 P.M.

The principal cause of death and related causes of importance were as follows:

Purulent Meningitis-Probably Streptococcic — Date of onset

Other contributory causes of importance:

Bronchopneumonia

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Kaiser Coroner M. D.

(Address) 506 E Fayette

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96436 E 96436

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 - W. Franklin St., 18-C Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Frazier

(a) Residence: No. 1026 - W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Frazier

6. DATE OF BIRTH (month, day, year) 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Burke

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louisa Fletcher

(Address) 1026 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 21, 1933

19. UNDERTAKER James A Hayes

(Address) 142 West St

20. FILED DEC 20 1933 Huntington Hall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-15-, 1933 to 12-18-, 1933

I last saw h er alive on 12-17-, 1933 Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	—
Other contributory causes of importance: Interstitial Nephritis	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H Carnes, M. D.

(Address) 611 N. Carrollton

M. D. B. 1268-B

Annie Snowden

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 855 Harlem ave St., 16-01 Ward) 82-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Snowden

(a) Residence: No. 855 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Snowden

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A-A Co Md

FATHER

13. NAME Nathaniel Edwards

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Guess

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joseph Snowden (Address) 855 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 20 1933

19. UNDERTAKER James A. Hayes (Address) 142 W. Hoffman St

20. FILED Dec 20 1933 Huntington Wilson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933 to Dec 18, 1933

I last saw h alive on Dec 5, 1933. Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Cancer of Stomach	1931

Other contributory causes of importance:

Cancer of Liver

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles T. Frontis M. D.

(Address) 712 S. Sharp St

M. D. B. 1268-9 E 96438

E 96438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 Reservoir St. 13-01 Ward)

Length of residence in city or town where death occurred 75 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Belt

(a) Residence: No. 613 Reservoir St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm H. J. Belt.

6. DATE OF BIRTH (month, day, year) May 23, 1858

7. AGE: Years 75 | Months 6 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Jacob Kuipp

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Bitzel

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Wm H. J. Belt
(Address) 613 Reservoir St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec. 21 1933

19. UNDERTAKER Wm. Mettinger & Sons
(Address) North & Fraser Sts. Huntington Williams

20. FILED DEC 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1929 to Dec 19, 1933.

I last saw her alive on Dec 18, 1933 Death is said to have occurred on the date stated above, at 12.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
rheumatic endocarditis	1926
chronic interstitial nephritis	1929
coronary thrombosis	12/19/33

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? renal Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George A. Kuipp M. D.

(Address) 3030 Edmondson Ave.

M. D. B. 1268-9 E 96439 E 96439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2627 St. Paul St. St. 12-01 Ward)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Morgan Edgar Phelps

(a) Residence: No. 2627 St. Paul St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Phelps

6. DATE OF BIRTH (month, day, year) May 3. 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Own

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchants

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Richard B. Phelps

14. BIRTHPLACE (city or town) A.A.Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Cole

16. BIRTHPLACE (city or town) A.A.Co. (State or country) Md.

17. INFORMANT Mrs. Mabel A. Phelps
(Address) 2224 Mayfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Cem. Date Dec. 20 1933

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) Mail Wenua Ave

20. FILED ... 19... by ... Registrar

DEC 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18 1933

22. I HEREBY CERTIFY. That I attended deceased from Nov 17 1933 to Dec. 18 1933

I last saw him alive on Dec. 17. 1933 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	12/17/33

Other contributory causes of importance:

Cerebral Hemorrhage	

Name of operation ... Date of ...

What test confirmed diagnosis Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Thos. Gilbert M. D.

(Address) 415 Cedarcroft Rd.

M. D. B. 1368-0 E 96440

E 96440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 Whitelock St. 13-01 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Hatfield Woodall

(a) Residence: No. 802 Whitelock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida H. Woodall

6. DATE OF BIRTH (month, day, year) Dec. 1, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dr. Surgeon
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. H. Woodall & Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Woodall
14. BIRTHPLACE (city or town) (State or country) Liverpool England

MOTHER

15. MAIDEN NAME Mary E. Rather
16. BIRTHPLACE (city or town) (State or country) Leesburg Va

17. INFORMANT Dau. James H. Woodall
(Address) 2803 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Dec 20 1933

19. UNDERTAKER Tom Wheeler Sons
(Address) North & Penna Ave

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1930 to Dec 17, 1933.
I last saw him alive on Dec 17 1933 Death is said to have occurred on the date stated above, at 11.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	5 yrs ago
cerebral hemmorrhage	3 yrs ago
coronary thrombosis	12/17/33

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Geo. A. Kemp, M. D.
(Address) 3930 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6

E 96141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XL 137

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-A Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles L. Hoffman

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Conrad Hoffman
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Rosetta Fuller
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Mary Hoffman
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Joppa Md Date Dec 23, 1933

19. UNDERTAKER H. R. McComas
(Address) Aberdeen Md

20. FILED Dec 23 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1933 to Dec 17, 1933

I last saw h... alive on Dec 17, 1933. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	12-17
Other contributory causes of importance:	
Senile arteriosclerosis	1930

Name of operation Suture of prostate Date of 12-17-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. R. McComas M. D.

(Address) Md. Gen. Hospital

INSTRUCTION IS VERY Important. See instructions on back of certificate.

M. D. B. 1268-9 E 96442 E 96442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Race St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Louis Buchner (BUCKNER)

(a) Residence No. 1503 Race St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecelia Buchman

6. DATE OF BIRTH (month, day, year) June 4 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Conrad Buchner

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Magdalina Branstead

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Cecelia Buchner

(Address) 1503 Race St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 12/22, 19 33

19. UNDERTAKER E & B Haile

(Address) 115 E West St

DEC 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1933 to Dec. 19, 1933

I last saw him alive on Dec. 19 1933. Death is said to have occurred on the date stated above, at 12.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	12.12.33
Broncho Pneumonia	12.16.33

Other contributory causes of importance:

Parkinsons Disease	not known

Name of operation none Date of

What test confirmed diagnosis Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Edward Norris M. D.

(Address) 107 East west st.

M. D. B. 1264-0

E 96443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96443

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 1-01 Ward)

Length of residence in city or town where death occurred 81 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Ruth Symonds

(a) Residence: No. 212 S. Robinson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Symond (Dead)

6. DATE OF BIRTH (month, day, year) 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Baker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Reeds (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cem. Date Dec. 21. 1933
Place

19. UNDERTAKER HENRY SANDER & SONS, INC. J. Sander
(Address) Baltimore & Broadway.

20. FILED ... 19.. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 18. 1933

22. I HEREBY CERTIFY, That I attended deceased from September 12 1931. to December 18 1933
I last saw her alive on December 18 1933 Death is said to have occurred on the date stated above, at 7.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Arteriosclerosis	?
Myocardial failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I P Hazard M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-b E 96444 E 96444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No. 4-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 604 W La Fayette St. 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Julia Agnes Telghman
(a) Residence: No. 604 W La Fayette St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Nov 23-/33
7. AGE: Years | Months | Days: 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER
13. NAME: Emer Telghman
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Jane Smith
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Emer Telghman
(Address) 604 W La Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemy Date Dec 2, 1933

19. UNDERTAKER Thomas E. Kelly
(Address) 1303 Pressman St

20. FILED DEC 1933 Wilkerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 1 8, 1933
22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance are as follows:

	Duration of Interval
Premature Birth	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis: ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) T. E. Kelly Coroner, M. D.
(Address) Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96445 V 34 E 96445

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-01 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Georgia Mae Harps

(a) Residence: No. 1334 Shields Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Harps

6. DATE OF BIRTH (month, day, year) July 1, 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greenville S C

FATHER

13. NAME Edw. Payton

14. BIRTHPLACE (city or town) (State or country) Greenville S C

MOTHER

15. MAIDEN NAME Anna Wilson

16. BIRTHPLACE (city or town) (State or country) Greenville S C

17. INFORMANT Friends
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12 21 1933

19. UNDERTAKER Daniel Canton
(Address) 916 Pa Ave

Huntington Williams Mgr
Registrar.

DEC 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1933 to December 13, 1933

I last saw h[illegible] alive on December 13, 1933 Death is said to have occurred on the date stated above, at 4.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow atrophy of liver (Acrophenamine)	1 mo

Other contributory causes of importance:

Syphilis, Latent	?

Name of operation ..... Date of 14

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagell M. D.

(Address) Balt City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

96446

96446

CERTIFICATE OF DEATH

82-001

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 142 W. Preston St., 11-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Lee Brown

(a) Residence: No. 142 W. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Brown

6. DATE OF BIRTH (month, day, year) Feb. 3 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Greenville S.C.

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Henry Pass S.C.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Jack Evans (Address) 142 W. Preston St

18. BURIAL, CREMATION, OR REMOVAL Greenville S.C. Dec 20 1933

19. UNDERTAKER Mo B. Johnson (Address) Edmondson Md.

Dec 20 1933 19 [illegible] Registrar.

20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25th 1933 to Dec. 16th 1933

I last saw him alive on Dec. 16th 1933 death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/25/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. E. Dell M. D.

(Address) 713 N. Belnord St.

M. D. F. 1261-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96447 E 96447

CERTIFICATE OF DEATH

108 Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1320 Penna Ave (St.) 15-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Betty Whitney

(a) Residence: No. 1320 Penna Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color: Race: Col'd | 5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 2-1933

7. AGE: Years | Months: 2m | Days: 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Wm Whitney

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Virginia Welson

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Wm Whitney

(Address): 1320 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL: Mt Calvary Cem Dec 20 1933

19. UNDERTAKER: Joseph Stemley

(Address): 1818 Pennsylvania Ave

FILED DEC 20 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Lobar Pneumonia	
Sepsis	

Other contributory causes of importance:

Name of operation: Rupture Date of: 12

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Lark M. D.

(Address) Towson Coroner

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96448 E 96448 M 210-001

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church City Hospitals St., 3 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles K. Russell

(a) Residence: No. 1305 Lough St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Barbara Russell

6. DATE OF BIRTH (month, day, year) Aug. 8. 1877

7. AGE: Years 56 | Months 4 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nail

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Emmanuel C. Russell

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Mary C. Conley

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Barbara Russell 1305 Lough St
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Wirtz Bros Date Dec. 18. 1933

19. UNDERTAKER J. Wendell Gallagher 3 Registrar

20. FILED DEC 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1933 to Dec 1933

I last saw h alive on Dec 1933 Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

Fractured Pelvis
Internal Injuries

Date of onset

Other contributory causes of importance:

Automobile
Accident

Name of operation Autopsy Date of 12/16/33

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12/16/1933

Where did injury occur? In front of 4909 Eastern Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2220 E Monument St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96449 E 96449

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Talley

(a) Residence: No. None St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Talley

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Balt. City Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec. 18, 1933

19. UNDERTAKER Wendell F. Dupuy

(Address) 300 S. Eutaw St.

DEC 20 1933

12[illegible] Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1933 to December 18, 1933

I last saw h[illegible] alive on December 18 1933 Death is said to have occurred on the date stated above, at 9:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4 days
Pulmonary oedema	1 day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Phaspel M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 96450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96450

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 246 Pearl St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August L. Maselkowski

(a) Residence: No. 246 Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Pauline Maselkowski

6. DATE OF BIRTH (month, day, year) Oct. 1 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business to which work was done, as silk mill, saw mill, bank, etc. Self 088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Maselkowski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. E. C. Mase
(Address) 32 Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Dec 14 1933

19. UNDERTAKER Philip Henry Sons
(Address) 2016 Eutaw St

20. FILED Dec 15 1933 Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Fuller M. D.
Coroner

(Address) 2159 Eastern Ave.

M. D. B. 1268-0

E 96451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Minnie Judy

(a) Residence: No. 261 N. Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Woodrow

6. DATE OF BIRTH (month, day, year): Dec 12/1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Jacob Feigenbaum

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Pauline Silberberg

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs L Steinbrom

(Address) 133 Biegunth St.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Mt Carmel Date: Dec 20 1933

19. UNDERTAKER: S Levinson Bro

(Address) 1127 E Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 19 1933

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1933 to December 19, 1933

I last saw h. alive on December 19, 1933. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, Type undetermined

Malnutrition

Date of onset

Other contributory causes of importance:

Pneumothoraces

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) L. Katzenstein, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96452

E 96452

93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 St Paul St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth B. Sloan

(a) Residence: No. 1103 St Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George F Sloan Sr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rebecca Watts

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Mrs Reaves
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Dec 21 1933

19. UNDERTAKER J. Wenkin Sons
(Address) Edmondson Ave

FILED DEC 20 1933
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16th 1933 to Dec. 18th 1933.

I last saw her alive on Dec 18th 1933. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Acute Bronchitis	
Over Exertion	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. No

(Signed) Thomas L Shearer M. D.
(Address) 3501 N Charles St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible] E 96453 ✓ E 96453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Fisher

(a) Residence: No. North Point Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Xenia Ohio

FATHER

13. NAME Leteben Fisher

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Frances Trazier

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friends

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Universal, of Md Date Dec 20, 1933

19. UNDERTAKER .....

(Address) .....

[illegible] Huntington Williams, M.D.

(Registrar)

C 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1933 to December 15, 1933

I last saw him alive on December 15, 1933. Death is said to have occurred on the date stated above, at 10 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 wks
Cerebral hemorrhage	1 wk

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phinazee, M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible]

E 96451

E 96454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Joseph

(a) Residence: No. 923 Pennsylvania Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Johnson

6. DATE OF BIRTH (month, day, year) March 1, 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 046

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florence S. C.

FATHER

13. NAME John Joseph

14. BIRTHPLACE (city or town) (State or country) Florence S. C.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friend

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mausoleum of MM Date Dec 20, 1933

19. UNDERTAKER

(Address)

20. FILED DEC 20 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1933 to December 13, 1933

I last saw him alive on December 13, 1933 Death is said to have occurred on the date stated above, at 7.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4 days
Other contributory causes of importance:	
Schizophrenia	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Phagel, M. D.

(Address) Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 12

E 96455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 91-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1016 N. Carey St., 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Bradshaw.

(a) Residence: No. 1016 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, WIFE of (or) HUSBAND of: Anna Bradshaw

6. DATE OF BIRTH (month, day, year): 1884

7. AGE: Years 49; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer, odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): /

MOTHER

13. NAME: Unknown

FATHER

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Anna Bradshaw
(Address) 1214 N. Carey

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Dec 20 1933

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar

DEC 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Uraemia	
Other contributory causes of importance: Unk	

Name of operation: Regular Date of: No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Falk Coroner M. D.
(Address) Coroner

M. D. B. 1268-9 E 96456 ✓ E 96456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 14-01 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Graham

(a) Residence: No. 908 Boyd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 6/30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal, of Md Date 12/30, 19 35

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner. M. D.

(Address) 1739 Eastern Ave.

M. D. B. 1268-9

E 96452 ✓ E 96457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vet's of America Hosp St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alec. W. Ward

(a) Residence: No. 500 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 20, 1933

19. UNDERTAKER [illegible]
(Address)

20. FILED DEC 20 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial insufficiency.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... Coroner, M. D.
(Address)

M. D. B. 1268-9

E 96458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96458

× 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Vincent Orem

(a) Residence: No. Cockeysville Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W Lite	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10 75

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atherton Md

FATHER

13. NAME Vincent Orem

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriet E Neal

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ida Orem

(Address) 3705 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Dec 21 19 33

19. UNDERTAKER Franklin W Leitz

(Address) 709 E 33rd St

Baltimore Md

Registrar.

DEC 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/33

22. I HEREBY CERTIFY, That I attended deceased from 12/1/33, 19..., to 12/19/33, 19...

I last saw him alive on 12/19/33, 19... Death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute - Cholecystitis	

Other contributory causes of importance:

Peritonitis	

Name of operation Cholecystotomy Date of Exploratory

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E Proctor M. D.

(Address) Md Gen Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96459

27904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Kirk

(a) Residence: No. 527 N. Mount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/6/22

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jos Kirk

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Mary Stafford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem Date Dec 21, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

Filed ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1933 to Dec 15, 1933

I last saw him alive on Dec. 15, 1933 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdiaphragmatic abscess	2
liver abscesses	or
Pelvic abscess	13
Thrombophlebitis Sup mesent vein	days

Other contributory causes of importance:

Inanition

Name of operation Appendectomy & drainage Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Chas Sing M. D.

(Address) Johns Hopkins Hosp. Balto.

DEC 20 1933

M. D. B. 1268-9

E 96460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3703 Menlo Drive St. 27-a1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Babetta Senker

(a) Residence: No. 3703 Menlo Drive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Senker

6. DATE OF BIRTH (month, day, year) Nov. 20, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Nathan Greenhood

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Sylvan Senker
(Address) 3703 Menlo Drive

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date Dec. 21, 1933

19. UNDERTAKER Weil Sonneborn & Son
(Address) 1902 Eutaw Place

20. FILED 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1926 to Dec 19 1933

I last saw h.. alive on Dec 19 1933 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	2 years
Other contributory causes of importance:	
Cystitis - Enlarged	16 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Samuel Levin M. D.

(Address) 1810 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

96161 E 96161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

86

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Cereal St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank C. Zaruba

(a) Residence: No. 1607 Cereal St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 27. 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	1	24d	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Zaruba

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Regina Urbus

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Frank Zaruba
(Address) 1607 Cereal St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A.A.Co. Date Dec 21. 1933

19. UNDERTAKER J. Grebliauskas
(Address) 423 S. Paca St

20. FILED 20 1933 Dec 21 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1933 to Dec 20, 1933

I last saw him alive on Dec 19, 1933. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	Dec 19
Over Feeding	
Other contributory causes of importance:	
Cardiac insufficiency	Dec 20

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) J. A. Buchanan, M. D.

(Address) 37 S. Stricker St.

M. D. B. 1268-0

E 96462

96462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 23-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME albert anderson

(a) Residence: No. 810 Lexington St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence anderson.

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mineral.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT University Hospital
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 20, 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

DEC 20 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/2, 1933, to 12/14, 1933

I last saw him alive on 12/14, 1933. Death is said to have occurred on the date stated above, at 6:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis c Hypostatic Congestion & Pneumonia Rt	?
Other contributory causes of importance: Lobar Pneumonia Rt Uremia	12/2/33

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J H Bowman M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

V E 96463

96463

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 634 N. Gilmor St. 16-01 Ward)

Length of residence in city or town where death occurred 29 yrs. 3 mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Wall

(a) Residence: No. 634 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1858

7. AGE | Years 75 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rev. John W Patterson
(Address) 634 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12/20/1933

19. UNDERTAKER Mrs. George E. Holland
(Address) 634 N. Gilmor St.

Registrar

C 20 1933

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Dec 16 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 6 months

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. E. Luck, M. D.
Coroner

(Address)

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3442 Fairview Ave St. No-21 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Freburger

(a) Residence: No. 3442 Fairview Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa

6. DATE OF BIRTH (month, day, year) May-3-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Reliable Burner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Dry Dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Oliver Freburger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Lena Krause

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Louise Freburger
(Address) 3442 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Dec 22 1933

19. UNDERTAKER John C. Miller
(Address) 2435 Eastern Ave

Registrar.

201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1933 to Dec 19-33
I last saw him alive on Dec 19-33 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	Yrs.
Other contributory causes of importance	
Arteriosclerosis	3 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Herman M. D.

(Address) 2913 E. Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

96165 ✓ E 96165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 18-04 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Joan Hall

(a) Residence: No. 104 6 Carlington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 20 /33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
[illegible]	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt Lake City

FATHER

13. NAME Grant Hall

14. BIRTHPLACE (city or town) (State or country) Salt Lake City

MOTHER

15. MAIDEN NAME Lenora Farrell

16. BIRTHPLACE (city or town) (State or country) Salt Lake City

17. INFORMANT Clara Walsh

(Address) Selma ave Hawthorne

18. BURIAL, CREMATION, OR REMOVAL

Place St Helena Cem Date 12/21, 1933

19. UNDERTAKER Jno J Cowan & Son

201 Hopkins St

Huntington Station, N.Y.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 December ... 19

I last saw h alive on ... 19 Death is said to have occurred on the date stated above, at Emergency

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enter-Colitis	10 days
Other contributory causes of importance: Pneumonia	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Percy M. Foreman, M. D. Coroner

(Address) Rose Chase

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 96466

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96466

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 30-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 2 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George T. Robinson

(a) Residence: No. 2715 Lanette Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Robinson

6. DATE OF BIRTH (month, day, year) Sept. 28, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lester L Robinson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Hermine Upshaw

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Resp Relative

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 22 1933

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave

Filed ..... 19..... Registrar.

201933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-17-33, 19..., to 12-20-33, 19...

I last saw him alive on 12-20, 1933. Death is said to have occurred on the date stated above, at 6:05 A.m.

The principal cause of death and related causes of importance were as follows:

Hypertension with Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Myocardial Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Md. Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 96467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 N.Bentalou St. St. 16-01 Ward)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John B.W.Oldson,

(a) Residence: No. 925 N.Bentalou St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace A.Oldson,

6. DATE OF BIRTH (month, day, year) September 19.1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	3	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk B & O R R

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER FATHER

13. NAME Horacus G.Oldson,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen S.Wise.

16. BIRTHPLACE (city or town) (State or country) St Marys Co.Md.

17. INFORMANT Mrs Grace A.Oldson,
(Address) 925 N.Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date DEC 22 1933

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.
Washington Williams N.T.
(Registrar)

C 201933

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1933, to Dec 19-, 1933

I last saw h— alive on Dec. 16, 1933. Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Slight Jaundice, with symptoms of Gall bladder involvement. worked all day

Name of operation none Date of —

What test confirmed diagnosis? Sudden death. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Thos. H. Phillips M. D.
(Address) 1939 Edmondson ave
Fed 3401 Belmont Tel.

M. D. F 1268-9

✓ E 96168

96168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2241 E.Chase St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Minnie May Roberts.

(a) Residence: No. 2241 E.Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Newton Roberts,

6. DATE OF BIRTH (month, day, year) July 24, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Ohio

FATHER

13. NAME David Reese.Jr

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Thomas N.Roberts,
(Address) 2241 E.Chase St

18. BURIAL, CREMATION, OR REMOVAL DEC 23 1933
Place Loudon Park Date 19

19. UNDERTAKER Robert S. Little
(Address) 2700 Edmondson Ave.

C 201933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 20 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1932, to Dec 20, 1933

I last saw h[illegible] alive on Dec 20, 1933 Death is said to have occurred on the date stated above, at 9 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	DEC 17 1933

Other contributory causes of importance:

Carcinoma of Uterus.	Feb 1932

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96469

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96469

92-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 London Ave St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie P. Stoetzer

(a) Residence: No. 2812 London Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. L. Stoetzer

6. DATE OF BIRTH (month, day, year) Aug 1st 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Plaenker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Sweatner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Earle N. Stoetzer
(Address) 3410 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Dec 22 1933

19. UNDERTAKER Mrs. Mrs. John W. Tendler & Son
(Address) 801 No. Fayette St

20. Dec 20 1933 Huntington Matheson, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st, 1933, to Dec 19th, 1933

I last saw h— alive on Dec 19th, 19— Death is said to have occurred on the date stated above, at 12.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	Dec 19th
Chronic Glomerulitis	June 30

Other contributory causes of importance:

Hypertension	8 years

Name of operation —— Date of ——

What test confirmed diagnosis? Autopsy Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) H. C. Chatland, M. D.

(Address) 1700 N. Calvert St

OCCUPATION is very important. See instructions on back of certificate.

E 96470 E 96470

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 97

Village or City Baltimore No. 3412 Garrison Ave. 15-C Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME [redacted] L. Haugh

(a) Residence: No. 3412 Garrison Ave. St., ... Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Adams Haugh

6. DATE OF BIRTH (month, day, and year) June 30 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. motorman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Steam Railroad

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Taneytown (State or country) Md.

FATHER

13. NAME Wm T. Haugh

14. BIRTHPLACE (city or town) Taneytown (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Linah

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Cyrus Waddell (Address) [redacted]

18. BURIAL, CREMATION, OR REMOVAL Waynesboro Pa. Place [redacted] Date 12/23, 1933

19. UNDERTAKER Walter J. Gore (Address) Waynesboro Pa

20. Filed ... 19 ... Registrar

C 20 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 20 (Day) 1933 (Year)

22. I HEREBY CERTIFY, That I attended deceased from about ... 19 ... to ... 19 ... I last saw him alive on 12/20, 1933, death is said to have occurred on the date stated above, at 6:00 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2 yrs
Asthenia	2 yrs

Other Contributory Causes of importance:

Name of operation ... Date of ...

What last confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Henry C. Russell M. D.

(Address) 3402 Greenland Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B. 1265-9

E 96471

Alvirda Robinson

E 96471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. ..... St., 17-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alvirda Robinson

(a) Residence: No. 170 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) ~~wife of~~ husband of: Marshall Robinson

6. DATE OF BIRTH (month, day, year): May 15 1867

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cockeysville Md.

FATHER

13. NAME: Alfred Johnson

14. BIRTHPLACE (city or town) (State or country): Cockeysville, Md

MOTHER

15. MAIDEN NAME: Margaret Butler

16. BIRTHPLACE (city or town) (State or country): Cockeysville, Md.

17. INFORMANT: Records at Baltimore City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Cockeysville Md Date 12/21 1933

19. UNDERTAKER: Samuel T. Hemsley
(Address) 578 N Bond St

20. FILED DEC 21 1933 Hunter's Point, Williams, MD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1933, to December 18, 1933, that I saw her alive on December 18, 1933. Death is said to have occurred on the date stated above, at 6:10 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Dissecting Aneurism of Abdominal Aorta	about 6 days prior to 12/18/33
Other contributory causes of importance: Multiple fibroids causing partial intestinal obstruction	over 1 yr

Name of operation ——— Date of ———

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. R. Brown, M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 96472 E 96472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Druid Hill ave Ward) 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella H Neal

(a) Residence: No. 1807 Druid Hill ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Neal

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME George Harper

14. BIRTHPLACE (city or town) (State or country) Lexington Va.

MOTHER

15. MAIDEN NAME Easter Stella

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Abraham Neal

(Address) 1807 Druid Hill ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 12/21 1933

19. UNDERTAKER Samuel T. Hensley

(Address) 516 W. Biddle St.

20. FILED DEC 21 1933 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1933, to Dec 18, 1933

I last saw h.. alive on Dec 17, 1933 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/11/33
Other contributory causes of importance:	
Arteriosclerosis	about 8 yrs

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas Keller, M. D.

(Address) 1112 N. Monument St.

A&Co. 5-31 250B E 96473 E 96473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

1. PLACE OF DEATH 1739 William St. 24-01 Registered No.

CITY OF BALTIMORE: (No. 1420 Battery Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby girl Bowen

(a) Residence: No. 1739 William St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Baby

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, year) Dec. 18, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1-13hrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Albert Hilary Bowen

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Cecelia Atterbeen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place M.X. Carmel Date Dec 21, 1933

19. UNDERTAKER John Lellert

(Address) 2108 Eden

DEC 21 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1933 to Dec. 19, 1933

I last saw her alive on Dec. 19, 1933 death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Alexander Lowy M. D.

(Address) 1516 Madison Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-A

E 96474 E 96474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 1-01

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Pastoria

(a) Residence: No. 3102 East St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alphonse Pastoria

6. DATE OF BIRTH (month, day, year) ? 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Dominat Dorino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Antonietta ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Dec 23, 1933

19. UNDERTAKER John Gallisot
(Address) 2008 Aliceanna

20. FILED 19 by Williamson

DEC 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1933 to Dec 20, 1933
I last saw her alive on Dec 20, 1933 Death is said to have occurred on the date stated above, at 3 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	?
Auricular fibrillation	?
Myocardial Insufficiency	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I P Magruder, M. D.

(Address) Balt. City Hosp.

Fill in all items in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 96475

M. D. H. 1268

E 96475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-01 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Meiser

(a) Residence: No. 715 S. Fulton St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME James Meiser

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Anna Kramer

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Friends
(Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Dec 23. 1933

19. UNDERTAKER John Ellrich
(Address) 2008 Eutaw

20. FILED DEC 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from December 13. 1933. to December 19. 1933. I last saw h alive on December 19. 1933. Death is said to have occurred on the date stated above, at 10 A P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic alcoholism	?
Subarachnoid hemorrhage	1 day

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I P Nogle M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 3

1-30—M. & T.—100 3—50L

96476 E 96476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 164-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... ST.... WARD)

2-FULL NAME Thomas J. Hammond

(a) RESIDENCE NO 103 W. 39th Street ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie M. Hammond

6 DATE OF BIRTH (month, day, and year) March 12, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Wm. Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Myra J. —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Carrie M. Hammond

(Address) 103 W. 39th Street

15 Filed DEC 21 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18- 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminated Gas Poisoning

Suicide (duration) yrs. mos. 5 Days ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John J. Hennessey Coroner, M. D.

19 (Address) 732 Rolandene

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Dec. 21, 1933

20 UNDERTAKER E. Leroy Stiffler, Inc. — ADDRESS 1250 N. Monroe

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268 E 96477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96477

47

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 3-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Mankowitz

(a) Residence: No. 6 South Albemarle St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~): Mrs. Lena

6. DATE OF BIRTH (month, day, year): May 5 1877

7. AGE: Years 56 | Months 7 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER
13. NAME: Jacob Markowitz
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER
15. MAIDEN NAME: Rachel —
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Mrs Lena Markowitz 6 S. Albemarle st

18. BURIAL, CREMATION, OR REMOVAL
Place: Hebrew Henrico & Pen Date: Dec 21. 1933

19. UNDERTAKER: Jos Levinson & Bro
(Address): 1127 E Balto st

20. FILED: DEC 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1933 to Dec. 20, 1933
I last saw him alive on Dec. 20, 1933 Death is said to have occurred on the date stated above, at 8 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx and laryngitis	

Other contributory causes of importance:
Broncho-pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer Harry Swarm M. D.
(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12604 E 96478 E 96478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sylvester Gardiner

(a) Residence: No. 405 Virginia Ave, Towson, St. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson, Md.

FATHER

13. NAME Thomas W. Gardner

14. BIRTHPLACE (city or town) (State or country) Sparks, Md.

MOTHER

15. MAIDEN NAME Hattie Powell

16. BIRTHPLACE (city or town) (State or country) Sparks, Md.

17. INFORMANT Thomas W. Gardiner

(Address) Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Quaker Bottom Cem Date 12-21-33

19. UNDERTAKER Byron Wright

(Address) 24 W. Lafayette St. Huntington, W. Va.

20. FILED DEC 21 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19/33 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema-mediastinal	
Other contributory causes of importance: Retro-pharyngeal abcess	

Name of operation Tracheotomy Date Dec 18

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 508 E. Mt. Royal Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 96473

E 96479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 E. 22nd St., 9-01 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Maund.

(a) Residence: No. 733 E. 22nd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ludorna Grimes

6. DATE OF BIRTH (month, day, year) Oct 30 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83.	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Contractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Peter Maund

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Isabella Shaw

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Edna Maund

(Address) 733 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 22. 1933

19. UNDERTAKER John C. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED Dec 21 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10. 1933 to Dec. 19 1933

I last saw him alive on Dec. 12 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Acute Bronchitis	
Acute heart failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wm J Ketmitz M. D.

(Address) 701 N. Fremont Ave.

FORM 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B E 96480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96480

178-004

Registered No. 14-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Garage rear of 1515 E. North Ave St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Henry Miller
(a) Residence: No. 1515 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isabelle Swope Miller

6. DATE OF BIRTH (month, day, year) Oct 6/1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Builder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

FATHER
13. NAME Frederick Miller
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. J. Henry Miller
(Address) 1515 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorion Park Cem Date Dec 21 1933

19. UNDERTAKER Margaret D. Flynn
(Address) 2107 E. N. Ave Baltimore Md

DEC 21 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on about 10:30 P.M. Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mono-oxide Gas Poisoning	Dec 18/33

Other contributory causes of importance:

History Chr Myocarditis	2-3 yrs

Name of operation Date of

What test confirmed diagnosis? inqui Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Dec 18
Where did injury occur? Garage-rear- 1515 E No.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place as stated
Manner of injury Evidently was changing auto tires- engine running in closed garage
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner M. D.
(Address) 508 E Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-e E 96481 E 96481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6514 Baltimore Ave. St., Helena Ward) 26-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LUCINDA (LUCY) HOLSTON

(a) Residence: No. 6514 Baltimore Ave. St. Helena Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Holston

6. DATE OF BIRTH (month, day, year) Apr. 22, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchberg Virginia

FATHER

13. NAME Richard Morris

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Ann Hansard

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Geo. W. Green (Daughter)

(Address) 6 Admiral Blvd. Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date Dec. 22. 1933

19. UNDERTAKER Henry Sander & Sons, Inc. H. Sander

(Address) Baltimore & Broadway.

DEC 21 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20. 1933 19

22. I HEREBY CERTIFY, That I attended deceased from June 8th 1929 to Dec. 20th 1933

I last saw her alive on Dec. 20th 1933. Death is said to have occurred on the date stated above, at 5.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal dis.	
& Hypertension	1908 ±

Other contributory causes of importance:

Name of operation Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Dundalk, Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1238-9 E 96182 Katz E 96182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Callow Ave St., 13-91 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Katz

(a) Residence: No. 2102 Callow Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Katherine Katz Daughter
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Southern Cem Date 12/21/33 19

19. UNDERTAKER L. Levin Inc
(Address) 1424 E. Baltimore St

20. FILED DEC 21 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/33 19

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1932 to Dec. 1933.

I last saw h. alive on Dec. 20, 1933. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Myocardial insufficiency	7 "

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Isidor Katz M. D.

(Address) 2102 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 96483 ✓ E 96483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-61 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Heyman

(a) Residence: No. 4425 Park Mall Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Benjamin Heyman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isadore Grossman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lindale Date 12/24/33

19. UNDERTAKER Jack Lewis Inc
(Address) 1434 E. Monument St

20. FILED 21 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 19th 1933 to Dec 21st 1933

I last saw her alive on Dec 21st 1933 Death is said to have occurred on the date stated above, at 4.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Carcinoma Left Breast	
Post Operative Shock	12-20-33

Other contributory causes of importance:

Name of operation Radical Mastectomy Date of 12-20-33

What test confirmed diagnosis? Path Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. J. C. Hildebrand M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

E 96484 E 96484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Union Memorial Hosp. V6-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Nathan Goldberg.

(a) Residence: No. 1204 Argyle St. St., ... Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married.

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE~~ of

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	<	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME David Goldberg.

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Hannah Goglick.

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Levi Sharon Cem. Date 12/21/33

19. UNDERTAKER Jack Levy Inc.
(Address) 1439 E. Baltimore St.

20. FILED DEC 21 1933 19 ..... By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-16-33, 19..., to 12-20, 1933

I last saw h... alive on 12-20, 19 33. Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute parenchymatous nephritis with uremia.	Dec (?) 33
	about

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Richard Francis M.

(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 96485 ✓ E 96485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 2 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Sara Tyler

(a) Residence: No. Stockley St., Ward Calvert Co. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	BLACK	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1, 1878

7. AGE Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
55	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ben Jenkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Fina Dent

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Springs Calvert Co Date 12 31 1933

19. UNDERTAKER A. Wm. H. Chase & Son

(Address) 638 N. Eutaw

20. FILED [illegible] 19 [illegible] Registrar.

JAN 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1933 to Dec 19, 1933

I last saw h[illegible] alive on Dec 19, 1933 Death is said to have occurred on the date stated above, at 7:45 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of L Breast — Date of onset ?

Other contributory causes of importance:

Acute Lingual Block — 12/19/33

Name of operation Mastectomy Date of 12/15/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Tyler M. D.

(Address) Mercy Hospital

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46E 96486

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4630 Stanley Ave (St.) 27-01 (Ward)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Hagabright

(a) Residence: No. 4630 Stanley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Hagabright

6. DATE OF BIRTH (month, day, year) June 12, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James K. Larkins

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lloyd Hagabright
(Address) 624 W. 36th St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Homelan 12/29 1933

19. UNDERTAKER J. M. Cook
(Address) 1312 Eastern Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933 to Dec 19, 1933

I last saw her alive on Dec 19, 1933 Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of descending Colon	August 1933

Other contributory causes of importance:

Cardiac Asthenia

Name of operation — Date of

What test confirmed diagnosis? Ex. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos. Smith M. D.

(Address) 3429 Chestnut Ave

V6 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96487 — 92-001 — E 96487

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Barclay St., 12-01 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary K. Gardiner

(a) Residence: No. 2124 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph Gardiner
6. DATE OF BIRTH (month, day, year): Unknown
7. AGE: Years: about 90; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Huntingtown Md

FATHER
13. NAME: Henry Harrison
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mary K. Gardiner
(Address): 2124 Barclay St

18. BURIAL, CREMATION, OR REMOVAL: Westminster Md
Place: Catholic Cem
Date: 12/24/33

19. UNDERTAKER: J. M. Cook
(Address): 1121 E. Baltimore St

20. FILED: DEC 4 1933 Registrar: Wilmer Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 20th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30th, 1933 to Dec 20th, 1933

I last saw her alive on Dec 19th, 1933 Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic aortic regurgitation of heart	2

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? P. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Deibel M.D.
(Address) 1224-26 Hanover St

12/20/33

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 96488 ✓ E 96488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hospitals 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Schmidt

(a) Residence: No. 510 Eutaw St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Schmidt (Dec'd)

6. DATE OF BIRTH (month, day, year) June 4 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 047

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adam Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date Dec. 23, 1933

19. UNDERTAKER George W. Gribby (Address) 1737 E Eager st.

20. FILED DEC 21 1933 Registrar. Huntington Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1933 to December 20, 1933 That I last saw him alive on December 20, 1933 Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days

Other contributory causes of importance:

Name of operation — Date of No

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. D. Magill M. D.

(Address) Balt City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96489 96489

CERTIFICATE OF DEATH

97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Patapsco St., 23-81 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Jennie Matilda Miller

(a) Residence: No. 1228 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Michael Miller

6. DATE OF BIRTH (month, day and year): Dec. 8, 1853

7. AGE: Years 79 | Months 4 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month, day, year): 12/19/33

11. Total time (years) spent in this occupation: 52

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Nicholas Hartman

14. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

MOTHER

15. MAIDEN NAME: Matilda Feggle

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Bessie Watts

(Address) 1228 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Dec. 22, 1933

19. UNDERTAKER: Fred A. Krauss & Son.

(Address) 703 S. Hanover St.

20. FILED: DEC 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1933 to 12-19, 1933

I last saw her alive on 12-18, 1933 Death is said to have occurred on the date stated above, at 9.05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Epilepsy	12-14-33
Secondary Anemia	12-17-33
Cardiac Failure	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Miller M. D.

(Address) 1228 S. Charles St.

V S 3

Information should be entered for every supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1048. William. St. St. 24-61 Ward)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate. Kempel.

(a) Residence: No. 1048. William. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles. W. Kempel.

6. DATE OF BIRTH (month, day, year) Oct. 17-1854.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Ferdnand F. Prince.

14. BIRTHPLACE (city or town) (State or country) Germy.

MOTHER

15. MAIDEN NAME Gretchen Bernhardt.

16. BIRTHPLACE (city or town) (State or country) Germy.

17. INFORMANT Charles W. Kempel.
(Address) 1509 Clarkson. St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 31st 1933

19. UNDERTAKER C. Schulman & Son
(Address) 1039 Hanover at

Filed ~~Huntington Ave~~ 1/1/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18th 1933

22. I HEREBY ~~CERTIFY~~, That I attended ~~deceased~~ from August 1st 1933 to Dec 18th 1933
I last saw ~~her~~ alive on Dec 17th 1933 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis, Chronic myocarditis.	July 1933

Other contributory causes of importance: —

Name of operation None Date of

What test confirmed diagnosis? P. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Deibel M.D.

(Address) 1224 26 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

EC 21 1933

M. D. B. 1268-A E 96491 ✓ E 96491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 c Arlington Ave St., 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George E. Wanken

(a) Residence: No. 1009 c Arlington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eva E. Wanken

6. DATE OF BIRTH (month, day, year) Apr 15/1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc B & O. R.R. 019

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Wanken

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Freeman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Frank Wanken

(Address) 1009 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Gorsuch Presbyterian Church Date Dec 22 1933

19. UNDERTAKER Philip Herwig Sons

(Address) 2116 Orleans St.

FILED ..... 19 ..... Arlington Baltimore Md

DEC 21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15 1933 to Dec 19 1933

I last saw h... alive on Dec 18 1933. Death is said to have occurred on the date stated above, at 12 34 noon m.

The principal cause of death and related causes of importance were as follows:

Diabetis Mellitus — Date of onset

Other contributory causes of importance:

none other

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. L. Long M. D.

(Address) 418 Southbridge

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

Ora Mae Richardson ✓ E 96492

HEALTH DEPARTMENT—CITY OF BALTIMORE

96492

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ora Richardson

(a) Residence: No. 1626 W Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Richardson

6. DATE OF BIRTH (month, day, year) Dec. 18 - ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47 46	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithboro N. C.

FATHER

13. NAME Just. McFee

14. BIRTHPLACE (city or town) (State or country) Smithboro N. C.

MOTHER

15. MAIDEN NAME Harriett ?

16. BIRTHPLACE (city or town) (State or country) Smithboro N. C.

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date Dec 20. 1933

19. UNDERTAKER [illegible] (Address) 1515 Mt Lebanon Rd

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17. 1933

22. I HEREBY CERTIFY, That I attended deceased from December 13 1933 to December 17 1933

I last saw her alive on December 17 1933 Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	>
Nephritis, glomerulus	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T Russell M. D.

(Address) Balt. City Hosp.

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. Are asked to state EXACTLY. PHYSICIANS should

AACo. 5-31 250M

E 96493

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96493

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 N. Mount St., 14-C Ward)

Registered No.:
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Chambers

(a) Residence: No. 118 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Bernard Chambers

6. DATE OF BIRTH (month, day, year): Dec 8 1907

7. AGE: Years 26 | Months — | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: Thad Ray
14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER
15. MAIDEN NAME: Mary E. Brown
16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Louise Dorsey
(Address): 118 N. Mount

18. BURIAL, CREMATION, OR REMOVAL
Place: Mount Zion Date: Dec 21 1933

19. UNDERTAKER: Joseph A Lyons
(Address): 414 N. Mount Street

Filed: Dec 21 1933 Huntington Williams, M.D. S.S.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1933 to Dec 20, 1933, last saw h[illegible] alive on Dec 19, 1933, death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	
3 months	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Necropsy or autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 21 1933

M. D. B. 1268-9

✓ E 96494

E 96494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 S. Schroeder St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles L. Airey

(a) Residence: No. 116 S. Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 8. 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	1312.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles W. Airey

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Violet E. Handley

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles W. Airey
(Address) 116 S. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 21 1933

19. UNDERTAKER Mr. Mrs. John H. Teufl • Sons
(Address) 841 W. Fayette St.

20. Filed DEC 21 1933 The Evening Telegram, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21st. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8 1933 to Dec. 21 1933

I last saw him alive on Dec. 20 1933. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Exhaustion

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Campbell M. D.

12/21/33 (Address) 1644 Hanover St.

DEC 21 1933

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

96495 E 96495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Cunello

(a) Residence: No. Sinai Hospital St., ... Ward.
(Usual place of abode) 721 N Bungalow (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.
Newborn			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sinai Hosp. Baltimore Maryland

FATHER

13. NAME Joseph Cunello.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Esther Sachs.

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Joseph Cunello.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med College Date Dec 31 19 33

19. UNDERTAKER
(Address)

20. FILED ... Registrar.

21 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on Dec 30 19 33. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Cerebral Hemorrhage - basal injury	
Other contributory causes of importance:	
2) Prematurity.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Caroline Robert Cohen M. D.

(Address) Sinai Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

96496 E 96496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 55 yrs. mos. ds.

2. FULL NAME Rosie Wieczorek

(a) Residence: No. 803 S. Dallas St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	married (separated)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1880

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Miesina

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Michael Tucazynski
(Address) 2112 Cambridge St

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cem Date Dec 22, 1933

19. UNDERTAKER John M Weber
(Address) 401 S Chester St

20. FILED 19 Registrar. Huntington Wallace

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19, 1933

I HEREBY CERTIFY, That I attended deceased from 11-27, 1933 to 12-19, 1933

I last saw her alive on 12-19, 1933 Death is said to have occurred on the date stated above, at 2:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the liver	

Other contributory causes of importance:

Nephritis, Acute	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Ruben M. D.

(Address) Franklin Sq. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 21 1933

M. D. B. 1268-9

✓ E 96497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96497

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 S Patterson Park Ave St. 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael DeGiorgia

(a) Residence: No. 230 S. Patterson Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 31 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... ——— old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Dominic DeGiorgia

14. BIRTHPLACE (city or town) Italy.
(State or country)

MOTHER

15. MAIDEN NAME Mary Konarek

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT mother.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary (Date Dec 21, 1933)

19. UNDERTAKER John M Welsh
(Address) Huntington Pennsylvania

20. FILED DEC 21 1933, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20 1933

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 6.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) S. F. Henry M.D. M. D.

(Address) 1305 N. Patterson Park Ave Coroner

M. B. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96498 — 96498

CERTIFICATE OF DEATH

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3001 Frederick Ave St. 70-01 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adolph Renno

(a) Residence: No. 3001 Frederick Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minna Renno

6. DATE OF BIRTH (month, day, year) Jany 14/1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Dominick Renno

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Minna Renno
(Address) 3001 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Dec 23 1933

19. UNDERTAKER Harry R. Amacost Son
(Address) West Lexington Ave

20. FILED DEC 21 1933 Certificate No. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1933 to Dec 21 1933

I last saw him alive on Dec 20 1933 Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach	1½ yrs ago
Metastases to liver	"

Other contributory causes of importance:

Gastric & intestinal hemorrhage	Past week

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Burkholder M. D.

(Address) 18 E. Eager St.

M. D. B. 1268-9

E 96499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V46

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 25-21 ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. — mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary Loose

(a) Residence: No. 1725 Wilson Terrace (Usual place of abode) ..... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND'S NAME~~ (or) WIFE of Mr. Paul Loose, Sr.

6. DATE OF BIRTH (month, day, year)	7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Apr 25, 1874	59	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Sept 1933 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Paul Stein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Charlotta Prister

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Reeds (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudenslager Date 12/23/33

19. UNDERTAKER Geo H. Lembert (Address) 1 W. N. Gilmor St

20. FILED 1933 Thurlington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-1-1933 to 12-22-1933

I last saw her alive on 12-20-1933. Death is said to have occurred on the date stated above, at 7:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	Unknown

Other contributory causes of importance:

Cardiac failure

Pulmonary edema

Operation — Colostomy — 10/17/33

Name of operation Excision of Rectum 12/15/33 Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Bay View Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 96500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. 8-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1239 N. Patterson Park Ave. Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edward York

(a) Residence: No. 1239 N. Patterson Park Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Josephine York

6. DATE OF BIRTH (month, day, year) JAN-15-1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED FARMER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. CO. / MD

FATHER

13. NAME WILLIAM YORK

14. BIRTHPLACE (city or town) (State or country) BALTO. / MD

MOTHER

15. MAIDEN NAME Priscilla Hawkins

16. BIRTHPLACE (city or town) (State or country) BALTO. / MD

17. INFORMANT Mr. Howard York

(Address) 1239 N. PATTERSON PARK AVE

18. BURIAL, CREMATION, OR REMOVAL

Place EBENEZER CEMETERY Date DEC. 22 1933.

19. UNDERTAKER Orpheus Lowe Inc

(Address) 4 W. Fayette, Balto. Md.

DEC 21 1933

20. FILED ....., 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 19, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1933 to Dec 19, 1933

I last saw h alive on Dec 19, 1933 death is said to have occurred on the date stated above, at 9:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Pneumonia	Dec 14
Other contributory causes of importance:	
bowel obstruction Paralysis	Dec 17

Name of operation [illegible] Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Y 96501

27996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 133

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 76-01 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Robinson

(a) Residence: No. 3427 Leverton ave St., ... Ward. Grade II

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie

6. DATE OF BIRTH (month, day, year) June 10th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Robinson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Walker

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec. 23 1933

19. UNDERTAKER Frederick Loughran Sons

(Address) 2401 Belair Road

FILED DEC 21 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933, to Dec 20, 1933

I last saw h alive on Dec 20, 1933 Death is said to have occurred on the date stated above, at 11 16 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ac Pyelonephritis	
Peritonitis	12/17/33

Other contributory causes of importance:

Uremia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh J Jewett M. D.

(Address) Johns Hopkins Hospital

Information should be complete. Cause of death, manner of death, and state CAUSE OF DEATH, MANNER OF DEATH, and OCCUPATION is very important. See certificate.

M. D. R. 1268-0

E 96502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96502

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3021 Brendan Ave St., 27-01 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick J. T. Kelley

(a) Residence: No. 3021 Brendan Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of June 1/1866/ Ella A.

6. DATE OF BIRTH (month, day, year) June 2/1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Supplies

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston, Mass

FATHER

13. NAME Timothy Kelley

14. BIRTHPLACE (city or town) (State or country) New Brunswick

MOTHER

15. MAIDEN NAME Julia Thornton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Ella A. Kelley
(Address) 3021 Brendan Ave

18. BURIAL, CREMATION, OR REMOVAL Mass.
Place Berkshire Co Date 22, 19[illegible]

19. UNDERTAKER Fred Lassalm Son
(Address) 7401 Belair Rd

20. FILED DEC 21 1933, 19[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at before 4 p. m.

The principal cause of death and related causes of importance were as follows:

Probably Cardio-vascular Disease

Date of onset ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) [illegible] M. D.
Coroner

(Address) 506 E York

state CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

M. D. H. 1268-9

E 96503

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96503

CERTIFICATE OF DEATH

137

Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Monk

(a) Residence: No. 316 Pearl St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 21 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Peter G. Monk

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Christy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John Tarring

(Address) Aberdeen Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Aberdeen Md. Date Dec. 23, 19

19. UNDERTAKER W. J. Tschiffely & Sons

(Address) Huntington Pottawatomie, Ky.

20. Filed DEC 21 1933, 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edgar Zeller M. D.
Coroner

(Address) 2739 Eastern Ave.

M. D. B. 1268-9

96504 E 96504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emersonian Apts. St., 14-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stella Bamberger Bendann

(a) Residence: No. Emersonian Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laurence Bendann

6. DATE OF BIRTH (month, day, year) Feb. 27, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME Henry Bamberger

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Rosa Stern

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. David Bendann

(Address) Emersonian Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Hebrew Cem. Dec. 22, 1933

19. UNDERTAKER Ward Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED DEC 21 1933

Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1923 to Dec 24, 1933.

I last saw h.e alive on Dec 20, 1933. Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis (Coronary arteriosclerosis)	Dec 17 1933
Other contributory causes of importance:	
Diabetes mellitus	1923
Myocarditis (Symptoms)	1931
Hypertension, 1930 annular	
Arteriosclerosis, Symptoms 1930 Pulsation	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Hamburger M. D.

(Address) 1207 Eutaw Place.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-9

E 96505 E 96505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4513 Valley View Ave. St., 26-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Baker

(a) Residence: No. 4513 Valley View Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Viola E. Baker

6. DATE OF BIRTH (month, day, year) July 5, 1880.

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
53	5	14	######

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Chas Baker

(Address) 4513 Valley View Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oakleaves Date 12/22/33

19. UNDERTAKER Geo. [illegible] Sons

(Address) 1735 Pratt St

FILED DEC 22 1933 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19/33 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at before 1 A. M. m

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poisoning — Date of onset .....

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably Accident Date of injury Dec 18-19..

Where did injury occur? kitchen of home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Oven burners on-unlighted

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 506 N Monroe

OCCUPATION is very important. See instructions on back of certificate.

E 96506 E 96506

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 2°

CITY OF BALTIMORE: (No. 294 Chesley Avenue St. 15-01 WARD)

2-FULL NAME Harriet Mary Armstrong

(a) RESIDENCE No. 294 Chesley Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Armstrong

6 DATE OF BIRTH (month, day, and year) July 3 1862

7 AGE 71 Years 5 Months 17 Days If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) own home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Henry Thorn

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Arthur Armstrong (Address) 294 Chesley Avenue

15 Filed DEC 22 1933 19 Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 2 . 1933. to Dec 20 . 1933.

that I last saw h alive on December 19 . 1933.

and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Grey)

abdomen 1 yr mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) A. W. Bacon, M. D.

12/20 1933 (Address) 2510 Taylor Ave Baltimore

*State the Disease Causing Death, or in deaths from violence state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 12/23/1933

20 UNDERTAKER George J Rath Sons

ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. CERTIFICATION is very important. See instructions on back of certificates.

M. D. B. 1268-9 E 96507 E 96507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 1-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 S. Robinson St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac A. Brownley

(a) Residence: No. 730 S. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Susanna Brownley

6. DATE OF BIRTH (month, day, year) April 22nd 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margaret Long
(Address) 730 S. Robinson

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Dec 23rd 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

20. FILED Dec 22 1933 Wm. E. Fox Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21st 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1933 to Dec 21 1933

I last saw h~~e~~r alive on Dec 21 1933. Death is said to have occurred on the date stated above, at 12.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. E. Fox M. D.

(Address) 418 Southways

State CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9 E 96508 E 96508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 152

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St. 7-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary F. Coyner

(a) Residence: No. 611 Maine St Waynesboro Ward. Chapter 1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 18, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45		3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Howard Coyner

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Missie Moffett

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rose Hill Cemetery Waynesboro Va. Date Dec 22nd 1933

19. UNDERTAKER Wm Cook
(Address) 1217 5th Ave Huntington West Va

20. FILED DEC 22 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1933, to Dec. 21, 1933

I last saw her alive on Dec. 21, 1933 Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemolytic Streptococcal septicemia	
Other contributory causes of importance:	

Name of operation Drainage abscess neck Date of 14 Dec. 33

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. H Campbell Jr. M. D.

(Address) Johns Hopkins Hospital

INFORMATION should be given in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. That statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 22 1933

pec.—1-30—M. & T.—250 Bks

E 96509

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96509

93-003

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 N. Hare St, ST. 6-01 WARD)

2-FULL NAME John Louis Gauer.

(a) RESIDENCE NO. 117 N. Hare St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 7 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If [illegible], widowed, [illegible] HUSBAND of Christina Gauer.

6 DATE OF BIRTH (month, day, and year) May 11, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	87	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar maker. 07

(b) General nature of industry, business, or establishment in which employed (or employer) retired.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Christopher Gauer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Christina -------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant C. Henry Gauer. (son)

(Address) 1405 Clarkson St.

15 Filed DEC 22 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and ye December 20, 1933

17 I HEREBY CERTIFY, That I attended deceased from February 10, 1932, to December 20, 1933, that I last saw him alive on December 15, 1933, and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis.

Chronic Myocarditis.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of the heart.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Reinhardt, M. D.

12/20/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Dec 22nd 1933

20 UNDERTAKER E. Schlosman & Son

ADDRESS 1039 Hanover st

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96510 96510

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 N. Eutaw St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Marks

(a) Residence: No. 1535 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Marks

6. DATE OF BIRTH (month, day, year) 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 000

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Abramowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Yetta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Dave Marks 2503 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Rd Date Dec 22 1933

19. UNDERTAKER (Address) Sol Levinson & Bro 1127 E Balto St

(Registrar)

DEC 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1932 to Dec, 21, 1933

I last saw h... alive on Dec, 20, 1933 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age	
Hypostatic Congestion	
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Abraham Schapiro M. D.

(Address) 2028 Eutaw Place

V 8 3

To obtain CAUSE OF DEATH in plain terms, so that it may be properly classified, state CAUSE OF DEATH in plain terms, so that it may be properly classified, state OCCUPATION is very important. See instructions on back of certificate.

Spec. 9-30-A & Co. 250 Blks

E 96511

E 96511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1010 W. Lanvale St 17-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Randolph Ward.

(a) RESIDENCE No 705 Fessier St. ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred 40 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Ward

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ellicott City Md.

PARENTS

10 NAME OF FATHER Wm. G. Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Montgomery Co. Md.

12 MAIDEN NAME OF MOTHER Mary Pratt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Montgomery Co. Md.

14 Informant (Address) Clifton Gaynes 1124 N. Eutaw St.

15 Filed DEC 22 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/19/33

17 I HEREBY CERTIFY, That I attended deceased from 12/14/33 to 12/19/ (D.V.)

that I last saw him alive on 12/19/ (D.V.)

and that death occurred, on the date stated above, at 7.55 P.M.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(Duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? L

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mansell Lawrence M. D.

19 (Address) 1033 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 12/22 19 33

20 UNDERTAKER Samuel T. Hemsley ADDRESS 57 W. Biddle St.

TION is very important. See instructions on back

M. D. B. 1265-1

E 96512 ✓ E 96512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward) 5-A

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Sol

(a) Residence: No. 213 E Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W. | 5. Single, Married, Widowed, or Divorced (write the word) M

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 45 | Months | Days | If LESS than 1 day, hrs. ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ella

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Date 12/22/33 19...

19. UNDERTAKER
(Address) 1432 E Balto St.

20. FILED ... 19... Registrar

DEC 22 1933

OCCUPATION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1933 to Dec 21, 1933.

I last saw her alive on Dec 21, 1933. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

Myocardial Arteriosclerosis
Hypertension
Thyroid Deficiency
Cardiac Insufficiency
& Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Diabetes

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel Levy M.D.

(Address) 3220 Eutaw Pl.

M. D. F. 1268-9

E 96513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96513

82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1006 N. Mount St. 16-81 (Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Dorsey

(a) Residence: No. 1006 N. Mount St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of Joseph Dorsey

6. DATE OF BIRTH (month, day, and year) 1898

7. AGE Years 33 Months ... Days ... IF LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME John Hill

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Jos Dorsey
(Address) 1006 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date Dec 23 1933

19. UNDERTAKER Thomas J. O. Kelson
(Address) 1303 Pierpoint St

20. FILED Dec 23 1933

EC 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

Dec 28 1933

Use OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1200 E 96514 ✓ E 96514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hospitals St., C Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter B Horton

(a) Residence: No. 216 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 1, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 586

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynn N. J.

FATHER

13. NAME Eugene Horton

14. BIRTHPLACE (city or town) (State or country) Montecello Fla

MOTHER

15. MAIDEN NAME Harriett Forshay

16. BIRTHPLACE (city or town) (State or country) N. J. State

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 12/23 19 33

19. UNDERTAKER Richard O'Meyer

(Address) 162 Ashburton Ave

20. FILED 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1933 to Dec. 20, 1933

I last saw him alive on Dec. 20, 1933 Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular pneumonia	Two d
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Powell M. D.

(Address) Balt. City Hospitals

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

3

M. D. B. 1268-0 ~~E 96515~~ ✓ M E 96515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Sheehan

(a) Residence: No. 543 N. Fulton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Anna Dise Sheehan

6. DATE OF BIRTH (month, day, year) Nov. 3, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor 016

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Steel Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Maurice Sheehan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Casey

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Mollie Sheehan

(Address) 543 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 12/23, 1933

19. UNDERTAKER C. Vernon Lemmon

(Address) 701 Park Ave.

FILED DEC 22 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 to Dec. 19 33

I last saw him alive on Dec. 19 33 Death is said to have occurred on the date stated above, at 11:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Shock.	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 12/20, 1933

Where did injury occur? Edmondson Ave & Gilmore St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Jr. M. D. Coroner

(Address) 2200 E. Madison St.

state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 96516

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96516

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Mail Pier St., #496-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Hessler

(a) Residence: No. 830 S Conkling st St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Hessler

6. DATE OF BIRTH (month, day, year) Nov 2 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Mail line

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank A Hessler

14. BIRTHPLACE (city or town) (State or country) Balto MD

MOTHER

15. MAIDEN NAME Elizabeth Grasser

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary Hessler (wife)
(Address) 830 S Conkling St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec 23 1933

19. UNDERTAKER Tully & Weiler Inc.
(Address) 463 S Wolfe St.

Registrar.

DEC 22 1933

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h— alive on ..., 19... Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Nat Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1305 N Fulton Ave

M. D. B. 1268-9

E 36517

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36517

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 S. Bayliss St. 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary W. Conrad

(a) Residence: No. 1312 S. Bayliss St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Conrad

6. DATE OF BIRTH (month, day, year) June 29. 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	23 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo. F. Mastel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdalena Lodden

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John F. Conrad

(Address) 1312 S. Bayliss

18. BURIAL, CREMATION, OR REMOVAL.

Place Oak Lawn Cem. Date Dec 23. 1933

19. UNDERTAKER John Welsch

(Address) Jos. E. Deaver Huntington, Pa. Wilmington, N.C. Kokomo, Ind.

DEC 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/17, 1933, to 12/20/33, 1933

I last saw h alive on 12/20/33 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Haemoplegia Apoplectica	12/17
Arteriosclerosis	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Guy Lee Laudler, M. D.

(Address) 3323 E. Baltimore

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Spec.—1-12-23—M&T—500 Blks.

E 96518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 96518

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 612 N Arlington av ST., 16-02 WARD)

2-FULL NAME Alfred Robert Phillips

(a) RESIDENCE NO. 612 N Arlington av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE of~~ Alice Phillips

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Robert Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Alice Fitchett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Alice Phillips
(Address) 612 N. Arlington ave

15 Filed DEC 22 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20-1933

17 I HEREBY CERTIFY, That I attended deceased from 12-15-, 1933, to 12-20, 1933,

that I last saw him alive on 12-20-, 1933

and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) C. F. Jackson M. D.

12/20/1933 (Address) 612 N. Arlington av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Dec 23, 1933

20 UNDERTAKER Thos. Katie R. Williams

ADDRESS 322 N. Schroeder st.

CAUSE OF DEATH IS very important See instructions on back of certificate.

M. D. P. 12659 E 96519 ✓ E 96519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. 20-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr William Adams

(a) Residence: No. 428 N. Hilton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna S. (nee Elliott)

6. DATE OF BIRTH (month, day, year) Aug. 8, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.J.

FATHER

13. NAME Mark Adams

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Sally Lush

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Anna S. Adams
(Address) 428 N. Hilton

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 12/22 1933

19. UNDERTAKER Harry H. Mitzke
(Address) 1010 Hanover and Ann

20. FILED DEC 22 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-19-1933 to 12-20 1933

I last saw him alive on 12-20 1933 Death is said to have occurred on the date stated above, at 3.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Other contributory causes of importance: Uremia & coma	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. A. Dandelet M. D.

(Address) St. Agnes Hospital

state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8 E 96520 ✓ E 96520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 S. Decker Ave 1-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pasquale Carlini

(a) Residence: No. 733 S. Decker Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Concetta Carlini

6. DATE OF BIRTH (month, day, year) April 17th 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John Carlini

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Philomena Germaini

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT James Carlini
(Address) 736 S Decker Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 23rd, 1933

19. UNDERTAKER Frank V. Likitone
(Address) 2518 E Baltimore St

20. FILED DEC 22 1933 Registrar for Philadelphia St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. ..... 1933 to Dec. 20, ... 1933
I last saw him alive on Dec. 20, 1933. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic pulmonary tuberculosis.	1920
Other contributory causes of importance: Spontaneous pneumothorax	12-17-33

Name of operation ..... Date of .....

What test confirmed diagnosis? Necropsy test. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) 1101 St. Paul St.

state CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96521 ✓ E 96521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1203 W. Ostend St. 21-C Ward)

Length of residence in city or town where death occurred 60 yrs. 3 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Leidig

(a) Residence: No. 1203 W. Ostend St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Frederick Leidig

6. DATE OF BIRTH (month, day, year) Sept 13th 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Fink

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Lottis

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Miss Mary M. Leidig

(Address) 1203 W. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/23/1933

19. UNDERTAKER John F. Cowan & Son.

(Address) 901 Hollins St.

20. FILED ... 19... ... Registrar.

DEC 22 1933

State CAUSE OF DEATH in plain words. See instructions on back of certificate.
OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/33

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933 to Dec 21, 1933

I last saw her alive on Dec 21, 1933. Death is said to have occurred on the date stated above, at 9:30 A.m.

The prinripal rause of death and related rauses of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	12-1-/33
Other contributory rauses of importance:	
Chronic Myocarditis	6 mo.

Name of operation none Date of —

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external rauses (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to ocrupation of deceased? no If so, specify ...

(Signed) Thos. Horton, M. D.

(Address) 888 Broadway

M. D. B. 1268-9

E 96522

E 96522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James William Walker

(a) Residence: No. 804 Orchard st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Alma Walker

6. DATE OF BIRTH (month, day, year): Aug. 2, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER

13. NAME: Samuel Walker

14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER

15. MAIDEN NAME: Aimee Johnson

16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: University of Md Date: Dec 22. 1933

19. UNDERTAKER: [illegible]

(Address)

20. Filed ..... 19..... Registrar

DEC 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1933, to Dec. 17, 1933

I last saw him alive on Dec. 17, 1933 Death is said to have occurred on the date stated above, at 3.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96523

96523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 22-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Smith

(a) Residence: No. 142 W York St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Dec 22, 1933

19. UNDERTAKER

(Address) Huntington Pottsville, Pa.

DEC 22 1933

Filed ... 19 ... Registrar.

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 5:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
Coroner

(Address) 225 N Calhoun St

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 96521

Registered No. 97

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St. 17-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Vacent Mack Williams - Had no Home in vacint Hous
(a) Res. No. House 706 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) 20 yrs
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Miss

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Police Dept Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Potters Field Date Dec 22, 1933

19. UNDERTAKER
(Address) Washington Williams

20. FILED Dec 23 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1933

I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .... I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation Regular Date of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Falk Coroner M. D.
(Address)

M. D. B. 1268-9

96525 E 96525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Meyers

(a) Residence: No. 645 Marsh Market Space Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Meyers (Dead)

6. DATE OF BIRTH (month, day, year) Oct 5, 1860?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frederick Meyers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends

(Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 22, 1933

19. UNDERTAKER

(Address)

DEC 22 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1930 to December 20, 1933

I last saw him alive on Dec 20 1933 Death is said to have occurred on the date stated above, at 7.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypostatic Pneumonia	4 Days
Pleural Empyema	
Post Old Cerebral Hemorrhage	3 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I P Nagel, M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

96526 E 96526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 26-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Novak

(a) Residence: No. Same St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 20, 1889

7. AGE Years	Months.	Days	If LESS than 1 day. hrs. or min.
44	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Martin Novak

14. BIRTHPLACE (city or town) (State or country) Prussia Germany

MOTHER

15. MAIDEN NAME Emma Krueger

16. BIRTHPLACE (city or town) (State or country) Prussia Germany

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Dec 23, 1933

19. UNDERTAKER

(Address)

20. FILED DEC 22 1933 Wm. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1933 to December 18, 1933

I last saw him alive on December 18, 1933 Death is said to have occurred on the date stated above, at 7:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	2 days
Chronic alcoholism	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain English. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 96527

96527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bello city Hospital St. .....Ward)

Length of residence in city or town where death occurred ? yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Richard Campbell

(a) Residence: No. 2 E Frederick St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Campbell.

6. DATE OF BIRTH (month, day, year) 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coachman 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

FATHER

13. NAME John Campbell

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

MOTHER

15. MAIDEN NAME Maria

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ of Md Date Dec 2 1933

19. UNDERTAKER Huntington Williams Funeral Home

(Address)

20. FILED DEC 2 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/16, 1933 to 12/20, 1933.

I last saw him alive on 12/20, 1933 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy ?	

Other contributory causes of importance:

Anemia	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H B Baum M. D.

(Address) Bello city Hosp.

State CAUSE OF DEATH in every case. See instructions on back of certificate.

OCCUPATION is very important.

C 27 1933

M. D. B. 1268-0

E 96528

96528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1225 Hanover St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs Annie R Lusby

(a) Residence: No. 1225 Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John H Lusby

6. DATE OF BIRTH (month, day, year): June 9 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	6	14 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 63

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md

FATHER

13. NAME: William Coster

14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Calvert Co Md

17. INFORMANT: Mrs Ellen Nora Kellam

(Address) 1225 Hanover st

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 22 1933

19. UNDERTAKER: John F. Denny

(Address) 719 Light St

Dec 22 1933

... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1933 to Dec 19, 1933

I last saw her alive on Dec 19, 1933. Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Stomach	

Other contributory causes of importance:

Infirmity of age,

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C Hann, M. D.

(Address) 616 Hanover St Baltimore

state CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96529

HEALTH DEPARTMENT—CITY OF BALTIMORE

96529

CERTIFICATE OF DEATH

Registered No. 186 2101

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 2101 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth O'Neal.

(a) Residence: No. 1115 Scott St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If ~~MARRIED, Widowed, DIVORCED~~ (or) WIFE of John T. O'Neal.

6. DATE OF BIRTH (month, day, year) February 19, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William G. Deems.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sophie Thompson.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Salem Deems. (brother)
(Address) 1115 Scott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 23, 1933

19. UNDERTAKER John F. Henny
(Address) 715 Eutaw St.

Filed ..... 19 ..... Registrar.

DEC 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Fracture of right femur.	
Accidental fall to pavement.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Oct 9/33

Where did injury occur? 1115 Scott St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Accidental fall.

Nature of injury Fracture of right femur.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Reinhard, M. D. Coroner

12/22/33 (Address) 1017 N. Charles St.

M. D. B 1268-9

96530 E 96530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 18-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Briscoe

(a) Residence: No. 24 S. Carrollton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Briscoe

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lottie Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records (Address) East. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date 12/23/33

19. UNDERTAKER Mrs George H. Hellen (Address) Huntington Ave. & Preston St.

20. FILED 12/23/33 [illegible] Registrar.

22 1533

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 23, 33 to December 18, 1933

I last saw her alive on December 18, 33 Death is said to have occurred on the date stated above, at 10.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (site primary growth not found) c metastases to Lumbar Spine and Lung.	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. P. Magill M. D.

(Address) East. City Hosp.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

N S 3

M. D. B. 1268-9

E 96531

HEALTH DEPARTMENT—CITY OF BALTIMORE

96531

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward) 44-61

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Owens

(a) Residence: No. 2018 Druid Hill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) December 25, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Owens

14. BIRTHPLACE (city or town) (State or country) Boston Mass

MOTHER

15. MAIDEN NAME Jennie Stanley

16. BIRTHPLACE (city or town) (State or country) Washington D C

17. INFORMANT Friends
(Address) Balto City Hosps.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 12/22/33

19. UNDERTAKER Mrs George R. Kolb
(Address) 1601 Druid Hill Ave

Huntington Williams M.D.
(Signature of Registrar)

221933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1933 to December 19, 1933

I last saw him alive on December 19, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 wk
Other contributory causes of importance: Residual hemiplegia, Lues & Old cerebral Hemorrhage	1 yr

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. B. Magill M. D.

(Address) Balto. City Hosps.

OCCUPATION is very important. See instructions on back of certificate.

V 3 3

M. D. B. E68-9 E 96532 Alessio Barsotti E 96532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 169

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., H-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alessio Barsotti

(a) Residence: No. 35 S Guy St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... ways

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Contorno Barsotti Italy

FATHER

13. NAME Antonio Barsotti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Augusta M Barsotti (Address) 1736 E Lafayette

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12-22-33

19. UNDERTAKER Wendell E Humphreys (Address) 120 N. Broadway

20. FILED DEC 22 1933 19... Registrar.

OCCUPATION is very important. Be specific.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1933

22. I HEREBY CERTIFY, That I attended deceased from January 19... to ... 19...

I last saw h... alive on January 19... Death is said to have occurred on the date stated above, at January

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture L thigh &	
Cerebral	10 Dy
Injuries	
Caused shock	
Mentally unbalanced	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ... 19...

Where did injury occur? Calvert St Bridge (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Jumping from Bridge

Nature of injury See 24

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) James M Hepburn M. D. Coroner

(Address) 710 E Chase

M. D. B. 1268-9

E 96533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-001

96533

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 Hull St. 24-01 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME adam Helmer

(a) Residence: No. 1234 Hull St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Helmer

6. DATE OF BIRTH (month, day, year) Oct. 29. 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	1	21 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME adam Helmer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mont Knows

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Margaret Helmer

(Address) 1234 Hull St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Dec 26, 1933

19. UNDERTAKER Margaret J. Flynn

(Address) 1402 Light

20. FILED ..... 19 ..... Registrar.

DEC 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1933 to Dec 21, 1933

I last saw h— alive on Dec 21, 1933 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Dec. 20
Broncho Pneumonia	Dec. 21
Ac. Par. Nephritis	
Other contributory causes of importance:	
Ac. Dil of Heart	36 hrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) E. S. Starr M. D.

(Address) 716 Eutaw St.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

Vs 3

M. D. B. 1268-9

E 96534

96534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 N. Linwood Ave. St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Wittig Sr.

(a) Residence: No. 826 N. Linwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helene. Wittig

6. DATE OF BIRTH (month, day, year) July 25-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	4	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Wittig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Feidenbeiner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Helene Wittig (Wife)
(Address) 826 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 24 1933

19. UNDERTAKER Wm. F. Miller & Son
(Address) 3[illegible] Eutaw Pl.

[illegible] Registrar.

DEC 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1933 to Dec 21, 1933

I last saw h.im. alive on Dec 21, 1933. Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx and pharynx	? Oct 1932
Other contributory causes of importance:	
hemorrhage from pharynx	Dec 20, 33

Name of operation Laryngectomy Date of Mar. 19, 33 Aug 24 33

What test confirmed diagnosis? Gastrotomy Biopsy Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Mary Louise Small M. D.

(Address) 18[illegible] West Read St.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

96535 96535

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 E Hoffman St., 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander J Carlisle

(a) Residence: No. 2116 E Hoffman St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Carlisle

6. DATE OF BIRTH (month, day, year): 3-13-1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New Jersey

FATHER

13. NAME: John P Carlisle
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Mary Reynolds
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mrs Annie Carlisle
(Address): 2116 E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem Date: 12-28 1933

19. UNDERTAKER: Albert J Gill
(Address): 1806 Chas St Ave

Huntington Williams Funeral Director

C 22 1933

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933, to Dec 20, 1933

I last saw him alive on Dec 20, 1933. death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?

Other contributory causes of importance:

Edema of Lungs	?
Senility	?

Name of operation: ... Date of ...

What test confirmed diagnosis? Autop. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jas. C. Carew, M. D.

(Address) 1107 Hanover Ave

M. D. B. 1268-9

E 96536

96536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-103

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Maryland Ave St. 12-01 Ward)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Martin

(a) Residence: No. 2021 Maryland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Anna Clay Martin

6. DATE OF BIRTH (month, day, year) Dec. 5, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	---	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 09

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Micheal Martin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Pauline Vick

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Mrs. Walther
(Address) 2021 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Dec. 23 19 33

19. UNDERTAKER Mary M Wiedefeld & Co
(Address) 5014 E 22nd St
Thurston Williams, Jr.

20. FILED 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933 to Dec 21, 1933

I last saw him alive on Dec 21, 1933 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Several years
Other contributory causes of importance:	
Arterio Sclerosis	
Heart block	4 Days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chronic M. D.

(Address) 2020 N. Charles

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

✓ E 96537

96537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N. Bradford St., 7-81 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Soukup

(a) Residence: No. 907 N. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Dec 10/1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Frank Soukup

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Josephine Pacholik

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Frank Soukup
(Address) 1212 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 23 1933

19. UNDERTAKER Frank Leach & Son
(Address) 1962 Ashland Ave

20. FILED DEC 22 1933

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at before 3 P. M.

The principal cause of death and related causes of importance were as follows:

Cardiac Insuffociency
Decompensation

Date of onset

Other contributory causes of importance:
History of Chr Alcoholism

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

M. D. B. 1268-0

96538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 96538

46

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2407 Mosher St. 16-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Wells

(a) Residence: No. 2407 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Nathaniel Wells

6. DATE OF BIRTH (month, day, year) Aug 12 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert S Hunter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan A Starr

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William P Wells

(Address) 2407 Mosher st

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 12/28 1933

19. UNDERTAKER George A Farley

(Address) Fulton & Lafayette sts

19a. FILED [illegible] Registrar.

C 22 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933 to Dec 21, 1933.

I last saw h[illegible] alive on Dec 21, 1933 Death is said to have occurred on the date stated above, at 1:15 a m.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach — Date of onset 7-33

Other contributory causes of importance:

Nil

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? x Date of Injury x, 19

Where did injury occur? x (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place x

Manner of Injury x

Nature of Injury x

24. Was disease or injury in any way related to occupation of deceased?

If so, specify x

(Signed) H. Van Williams M. D.

(Address) 3200 Eutaw Place

BE CAREFUL TO GIVE ANSWERS TO EVERY QUESTION. See instructions on back of certificate. OCCUPATION is very important.

M. D. R. 1268-9

96539 ✓ E 96539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 S Stricker St. 19-1 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME William L Carle

(a) Residence: No. 221 S Stricker St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27. 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John F Carle

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Annie Zimmerick

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Annie Carle
(Address) 221 S Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 23 . 1933

19. UNDERTAKER Harry H Weber
(Address) 1101 Edmondson Ave

22. FILED Huntington Williams, M.D.

C 22 1933

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20 , 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/1/33 , 19 , to 12/20/33 , 19

I last saw h— alive on 12/20/33 , 19 Death is said to have occurred on the date stated above, at 4:34 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tbc Pthisis (Hosp)	1931

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___ , 19 ___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard Berry , M. D.

(Address) 910 Woodland

M. D. B. 1268-A E 96540 ✓ E 96540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna Rauch

(a) Residence: No. 218 Patapsco St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 4-1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME William Rauch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Kline

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. M. Lauber

(Address) 12[illegible] Patapsco

18. BURIAL, CREMATION, OR REMOVAL

Place Oda. Cem. Date Dec 23, 1933

19. UNDERTAKER J. O. Fahey & Son

(Address) 1315 Light St.

20. FILED [illegible] Registrar.

DEC 23 1933

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Dec 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 21st, 1933 to Dec 22, 1933

I last saw h[illegible] alive on Dec 22, 1933 Death is said to have occurred on the date stated above, at 11 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria (Laryngeal)	12/16/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Samuel E. Agard M. D.

(Address) Hyde Park Hospital

State CAUSE OF DEATH so that it can be understood by the layman. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 96541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 14-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Waverly Hall

(a) Residence: No. 120 N. Mount St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/16/1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Waverly Hall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Evelyn Carter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date Dec 24 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] 19 ... Registrar.

Dec 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933 to Dec 22, 1933

I last saw h[illegible] alive on Dec 22, 1933. Death is said to have occurred on the date stated above, at 330 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	[illegible]

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Mary S Leyld M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on reverse side.

M. D. B. 1269-9

E 96542

96542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3461 Hickory Ave Ward) 3-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Bailey

(a) Residence: No. 3461 Hickory Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Henry Bailey

6. DATE OF BIRTH (month, day, year) Mar 24th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Ratbray

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Nellie Booker

(Address) 605 Clayvont St

18. BURIAL, CREMATION, OR REMOVAL

Place St Thomas Date Dec 23rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed 19 Registrar.

DEC 23 1933

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933 to Dec 21, 1933

I last saw h alive on Dec 21, 1933 Death is said to have occurred on the date stated above, at 8:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	2 1
Other contributory causes of importance: Cardiac asthenia	

Name of operation — Date of

What test confirmed diagnosis? Ex. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 3429 Clinton [illegible]

M. D. B. 1269-9

E 96543

HEALTH DEPARTMENT—CITY OF BALTIMORE

96543

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4603 Schenley Rd St. 27-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Tripe

(a) Residence: No. 4603 Schenley Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ ~~Married~~ Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND OF~~ (or) WIFE of Bernard C. Tripe

6. DATE OF BIRTH (month, day, year) Dec 4th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Bible

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Simeon Yantz

(Address) Park Heights - Cross Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 23rd 1933

19. UNDERTAKER West Cook

(Address) 1217 St Paul St

20. FILED 23 1933 Huntington Williams Registrar

OCCUPATION IS VERY IMPORTANT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov-30, 1933, to Dec. 21, 1933

I last saw her alive on Dec-21, 1933. Death is said to have occurred on the date stated above, at 7-20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation Acute Pulmonary Edema Arteriosclerosis Myocardial Insufficiency	11-30-33

Other contributory causes of importance:

Acute Bronchitis	12/4/33
Bronchopneumonia	12/16/33
Pleurisy	12/20/33

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) M. Gibson Forbes M. D.

(Address) 4922 Roland Ave

M. D. B. 1268-0

✓ E 96544

HEALTH DEPARTMENT—CITY OF BALTIMORE

96544

CERTIFICATE OF DEATH

107-201

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4522 Mansfield St., 24 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T. Drisgill

(a) Residence: No. 4522 Mansfield Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~wife~~ Maggie Drisgill

6. DATE OF BIRTH (month, day, year) Sept 13th 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 86

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Drisgill

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT C. A. Machen

(Address) 4522 Mansfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date Dec 23rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed Dec 23 1933 Huntington Williams, Registrar

OCCUPATION IS VERY Important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933 to Dec 22, 1933

I last saw h~~e~~r alive on Dec 21, 1933 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 9.

Other contributory causes of importance:

Uraemia	

Name of operation ✓ Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

26. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas F Blake M. D.

(Address) 20 E Preston

M. D. B 1268-9

✓ B 96545

HEALTH DEPARTMENT—CITY OF BALTIMORE

96545

CERTIFICATE OF DEATH

X 95-002

1. PLACE OF DEATH — St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St., 75-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Conrad Muhl

(a) Residence: No. 21 First Ave, Halethorpe, Md. St., ... Ward. Balto. County Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) — Bertha Muhl

6. DATE OF BIRTH (month, day, year) — Dec 22nd 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Unemployed 34

10. Date deceased last worked at this occupation (month and year) — X

11. Total time (years) spent in this occupation — X

12. BIRTHPLACE (city or town) (State or country) — Balto Maryland

FATHER

13. NAME — William Muhl

14. BIRTHPLACE (city or town) (State or country) — Balto Md

MOTHER

15. MAIDEN NAME — Florence Nadel

16. BIRTHPLACE (city or town) (State or country) — Balto Md

17. INFORMANT — Mrs Bertha Muhl

(Address) 21 First Ave Halethorpe Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 26th 1933

19. UNDERTAKER — Wm Cook

(Address) 1217 E Paul St

Filed 23 1933 — Huntington Pathological Society Registrar

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Dec. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1933 to Dec. 22, 1933.

I last saw him alive on Dec. 22, 1933 Death is said to have occurred on the date stated above, at 10 15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
Cardiac Decompensation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Carl G Barkhorn, M. D.

(Address) St Agnes Hosp

M. D. B. 1268-9

E 96546

96546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N. Luzerne St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry W. Hahn

(a) Residence: No. 708 N. Luzerne St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie B.

6. DATE OF BIRTH (month, day, year) June 22/1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Draughtsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merril & Keyser

10. Date deceased last worked at this occupation (month and year) About Sept yr

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME James Hahn

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Mary Culp

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Hattie B. Hahn
(Address) 708 N. Luzerne St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 12/26 19 33

19. UNDERTAKER Liston P. Fassolbaugh.
(Address) 5-E. 27½ St.

20. FILED ... 19 ... Registrar.

DEC 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at 11.1[illegible] m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
General Arteriosclerosis	

Other contributory causes of importance:

Rales Dorsalis	???

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Mace M. D.
Coroner

(Address) 5-0 E Lexington

M. D. B. 1268-0

E 96547

96547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 E. Baltimore St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Eberle

(a) Residence: No. 2424 E. Baltimore St., 6-01 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Eberle

6. DATE OF BIRTH (month, day, year) Oct 4/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Disinfectants

10. Date deceased last worked at this occupation (month and year) [illegible] 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Eberle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Eibert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Eberle

(Address) 2424 E. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Lorraine Park Cem. Dec. 23. 1933

Place Date 19

19. UNDERTAKER Henry Sander & Sons, Inc.

(Address) Baltimore & Broadway.

Huntington Williams, M.D.

20. FILED ... 19 ... Registrar.

23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2.53 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
General Arteriosclerosis	

Other contributory causes of importance:

Traumatic injury to left foot	March/32
Followed by gangrene & amputation	

Name of operation Amputation Date of 7/8/32

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury ... 19

Where did injury occur? Balto Products Works (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place industry - Iron vessel fell

Manner of injury on foot

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Joseph Carter M. D. Coroner

(Address) 508 E Front

M. D. B. 1268-9

96548 ✓ E 96548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hosp 21-01 St. ..... Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Williams

(a) Residence: No. 727 Easton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 940

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastern Shore
(State or country) Md

FATHER

13. NAME Walter Williams

14. BIRTHPLACE (city or town) Eastern Shore
(State or country) Md

MOTHER

15. MAIDEN NAME Fannie Wesson

16. BIRTHPLACE (city or town) Eastern Shore
(State or country) Md

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 22, 19 33

19. UNDERTAKER .....
(Address) .....

Huntington Williams, M.D.
Registrar.

DEC 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 13, 1933 to December 21, 1933
I last saw he alive on December 21 1933 Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Intussusception	-
Nephritis, arteriosclerotic	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) T. P. Magruder, M. D.

(Address) Balt. City Hosp

OCCUPATION is very important. Be sure it is given.

H. D. R. 1268-9

E 96549

96549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Florence Jackson

(a) Residence: No. 1014 E. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Jackson

6. DATE OF BIRTH (month, day, year) Jany 12/1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	10 11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitoress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME John Davidge

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

MOTHER

15. MAIDEN NAME Estelle V. Asking

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

17. INFORMANT Theodore C. White

(Address) 113 S. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Dec 24. 1933

19. UNDERTAKER Theodore C. White

(Address) 113 S. Wolfe St Huntington Williams & Nice

Registrar.

DEC 23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 9.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia-infection of various organs due to burns over body (Arms, chest etc)	Nov 8/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 8/33

Where did injury occur? 1014 E. Monument St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home. Clothed caught fire while

Manner of injury putting coal into latrobe

Nature of injury stove from a paper bag.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. S. H. Bacon M. D.

(Address) 508 E. Fayette Street Coroner

H. D. B. 1268-9

✓ E 96550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. 96550

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4215 Belmar Ave. St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Vann

(a) Residence: No. 4215 Belmar Ave. St., 26th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Vann

6. DATE OF BIRTH (month, day, year) Aug. 30, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Steger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Ermer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. L. W. Poehlman (Address) 4208 Powell Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Gen Date Dec. 25, 1933

19. UNDERTAKER Fitch & Lenahan & Sons (Address) Huntington Pkwy & Belair Rd

Registrar.

23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to Dec. 22, 1933

I last saw h... alive on December 21, 1933. Death is said to have occurred on the date stated above, at 7:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	12-14-33
Other contributory causes of importance:	
Hypertrophic Arthritis	1928
Arteriosclerosis	1900 (?)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No ... If so, specify

(Signed) A. L. Mitchison, M. D.

(Address) 5715 Belair Rd.

M. D. F. 1265-0

E 96551

96551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 44 Gorman Ave. St. 20-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Woerner,

(a) Residence: No. 44 Gorman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Woerner.

6. DATE OF BIRTH (month, day, year) October 12.1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watch Maker 24

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Woerner,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Deist,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Woerner,
(Address) 44 Gorman Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date DEC 25 1933

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED Huntington Williams NOV 23 1933
Registrar.

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1933 to Dec 21 1933

I last saw him alive on Dec 21 1933 Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage —	24 hrs
Hypertension —	2
Chronic Nephritis	2
	1

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

12/24/33 (Signed) H. Hollis Heaney M. D.
(Address)

M. D. B. 1268-9

E 96552

96552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Raynor & Lanvale St. 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles High

(a) Residence: No. 2805 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, year) April 17. 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John R. High.

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

MOTHER

15. MAIDEN NAME Sophia K.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Sophia K. High.
(Address) 2805 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Dec 26. 1933

19. UNDERTAKER Geo W. Little
(Address) 2700 Edmondson Ave.

20. FILED Huntington Williams, M.D. Registrar.
23 1933

OCCUPATION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22 1933

22. I HEREBY CERTIFY, That I attended deceased from December 9. 1933 to December 22. 1933
I last saw him alive on December 22. 1933 Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Glycemic Nephritis	?
c Hypertension	
2. Bronchopneumonia	12/9/33
Other contributory causes of importance:	
Ulcerative Colitis	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lear Richman M. D.
(Address) West Baltimore General Hosp.

c.—2 29-28—L. F. S.—500 Bks.

E 96553

96553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1008 S Sharp ST. 23-6 WARD)

2—FULL NAME Annie Johnson

(a) RESIDENCE NO. 1008 S Sharp ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
22	1911	Aug	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Joseph Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Annie Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Joseph Stewart

(Address) 1008 S Sharp St

Filed: 12-23-1933, Huntington Phillips, N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/21/33

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1933, to Dec 21, 1933 that I last saw h alive on Dec 20, 1933 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia Lobar

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) A. W. Fowler, M. D.

(Address) 912 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	12/24/1933
20 UNDERTAKER	ADDRESS
Isaac L Brown & Son	508 Montgomery St

M. D. B. 1268-9

F 96554

96551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 N Caroline St. 10-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dietrich T. Werner

(a) Residence: No. 1215 N Caroline St., Ward. Phila. Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Feb 23 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steam Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steam Fitting

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Chicago Ill

FATHER

13. NAME: Otto Werner

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Wilhelmina Stolpat

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Chris Hemfich
(Address) 1215 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Bolo Cemetery Date Dec 23, 1933

19. UNDERTAKER: George Gehlings Sons
(Address) ~~Washington Avenue~~

23 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Dec 22, 1933

I last saw him alive on Dec 21, 1933. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Stenosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. D. Young M. D.

(Address) 1819 St Paul

M. D. B. 1268-9

E 96555 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 124-00 96555

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3043 St. Paul St. 12-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. Eugene Douglas

(a) Residence: No. 3043 St. Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel Gray

6. DATE OF BIRTH (month, day, year) Sept. 9, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Md.

FATHER

13. NAME Stephen E. Douglas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary C. Davis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Eugene Douglas
(Address) 3043 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Spring Hill Cemty Easton, Md. Date Dec. 24, 1933

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar

DEC 23 1933

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1932 to Dec 21 1933
I last saw h. alive on Dec 21, 1933 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the liver	?

Other contributory causes of importance:

Infection cholangitis. Primary	Aug/32

Name of operation ..... Date of ..... None

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wm. H. Gaither M. D.

(Address) 426 Cager St.

M. D. B. 1268-0

279909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96556

107-001

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 28-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary R. Lamborn

(a) Residence: No. 4818 Norwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of ..... unknown

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Tinsley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Herlock

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Friends Cemetery Date Dec 13, 1933

19. UNDERTAKER John O. Mitchell Sons Inc
(Address) 1900 Eutaw Place

DEC 23 1933 Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1933, to Dec 22, 1933.
I last saw h.. alive on Dec 22, 1933. Death is said to have occurred on the date stated above, at 11.15 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	[illegible] 15
Arteriosclerosis	1910 (?)
Acute Myocarditis.	12 - 15

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Eckert M. D.

(Address) Johns Hopkins Hospital

E 96557

M. D. B. 1268-9

E 96557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emersonian Apts. St. 13-01 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Grinsfelder Eiseman

(a) Residence: No. Emersonian Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gerson Eiseman

6. DATE OF BIRTH (month, day, year) Nov. 25, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Grinsfelder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Rider

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. S. Strauss

(Address) Emersonian Apts.

18. BURIAL, CREMATION OR REMOVAL

Place Heb. Friendship Date Dec. 24 19 33

19. UNDERTAKER Harid Sondheim & Bro

(Address) 1902 Eutaw Place

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933 to Dec 22 1933

I last saw her alive on Dec. 22 1933. Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Angina pectoris	1 week

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) I Frederick Lehr, M. D.

12-23-33 (Address) Temple Garden Apts.

M. D. B. 1268-0

D 96558

HEALTH DEPARTMENT—CITY OF BALTIMORE

96558

V 44-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp. Registered No. 43-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas F. Watkins.

(a) Residence: No. The Lexington Apts. St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of Ada M. Watkins

6. DATE OF BIRTH (month, day, year): June 25th 1872

7. AGE: Years 61 | Months 5 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired (R.R. Engineer)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: Robert Watkins.

14. BIRTHPLACE (city or town) (State or country): South Carolina

MOTHER

15. MAIDEN NAME: Mildred Ann Laudigham

16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT (Address): Mrs. Ada M. Watkins Whitelock St. Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL: Place, Loudon Park Date 12/25 1933

19. UNDERTAKER (Address): Chas. E. Davidson 1111 Whitelock St.

Huntington Williams, M.D. Registrar.

20. FILED 12-29-33

231933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 22nd, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1933 to Dec 22, 1933.

I last saw him alive on Dec 22, 1933. Death is said to have occurred on the date stated above, at 2:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tularemia	12-8-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard France, M. D.

(Address) Union Memorial Hospital

E 96559

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

96559

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 W. ~~Fremont~~ Hoffman St., 11-91 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Smith

(a) Residence: No. 315 W. Hoffman St., 11 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2 1870

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	43	— 9	— 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. ~~Mouth~~ Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lillie Rhyan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Raymond F. Smith
(Address) 1 Continental Md

18. BURIAL, CREMATION, OR REMOVAL
Place Chestertown Md Date Dec 23, 1933

19. UNDERTAKER Daniel Easton
(Address) 916 Eutaw one

Huntington Williams N.Y.

23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1933 to Dec 21, 1933

I last saw him alive on Dec 21, 1933 Death is said to have occurred on the date stated above, at 11.50 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. K. Pettetier, M. D.

(Address)

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

FE 96560

96560

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N. Poppleton St. 18-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bettie J. McCadden

(a) Residence: No. 223 N. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 27-33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Brian J McCadden

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Beulah Hawthorne

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Beulah Hawthorne
(Address) 223 N. Poppleton

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Md Date 12-23. 1933

19. UNDERTAKER Dent Easton
(Address) 326 S. Carey St.
Huntington Williams Assistant

23 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22. 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Uremia Broncho-pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) .....

M. D. B. 1268-9 E 96561 E 96561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital
CITY OF BALTIMORE: (No. ..... St., 12-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Viola Scarborough

(a) Residence: No. Delta Pa. Rfd #3 St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-25-32

7. AGE	Years	Months	Days 28	If LESS than 1 day, ... hrs. or ..... min.
	1	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hoford Co., Md.

FATHER

13. NAME Chas. Scarborough
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Williams
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hatfield Pa Date Jan 27, 1933

19. UNDERTAKER H. B. Bailey
(Address) Darlington, Md

20. FILED JAN 30 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-22-33, 19 to 12-23-33, 19
I last saw her alive on 12-23-33 Death is said to have occurred on the date stated above, at 12:48 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	Nov 30 1933

Other contributory causes of importance:
Convulsions of unknown cause 12-22-33

Name of operation none Date of —
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) A E Kadow M. D.
(Address) Union Memorial Hospital

OCCUPATION is very important.

3 1933 MAR

M. D. B. 1268-9

96562 HEALTH DEPARTMENT—CITY OF BALTIMORE 96562

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1359 S. Ponca St. 76-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Anna M. Wiederock

(a) Residence: No. 1359 S. Ponca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Wiederock

6. DATE OF BIRTH (month, day, year) Dec 14-1875.

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
58	-	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Schmidtman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Beil

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Frank Schenk

(Address) 1361 S. Ponca St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cemt. Date Dec. 26, 1933

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Fayette St.

20. FILED DEC 23 1933 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-24-33, 19.., to 12-22-33, 19..

I last saw her alive on 12-22-33, 19.. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Chronic valvular heart disease	years ago
Other contributory causes of importance:	
Pulmonary oedema	12-21-33

Name of operation ..Date of ..

What test confirmed diagnosis? ..Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..Date of injury .., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) DR. I. B. BRONUSHAS M. D.

(Address) 2037 O'DONNELL ST.

M. D. B. 1268-9

D 96563

965683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Sinai Hospital St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Natale Ferro

(a) Residence: No. 254 Patapsco Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Natalina Ottoboni Ferro

6. DATE OF BIRTH (month, day, year) April 29 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 01

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Lawrence Ferro

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Santa

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Wife

(Address) 254 Patapsco Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec 26 1933

19. UNDERTAKER Frank V. Ciliotone

(Address) 2518 E. Baltimore St

FILED 23 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1933 to Dec 22 1933

I last saw h.im alive on Dec 21 1933 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	1927
Auricular fibrillation	1927

Other contributory causes of importance:

Pneumonia - right (lower)	Dec 9, 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Segum M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 96564

HEALTH DEPARTMENT—CITY OF BALTIMORE

96564

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 h Potomac St 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Easley

(a) Residence: No. 29 h. Potomac St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Thomas H. Easley

6. DATE OF BIRTH (month, day, year): Nov. 3-1867

7. AGE: Years 66 | Months 1 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Michael Bayner

14. BIRTHPLACE (city or town) (State or country): Penn.

MOTHER

15. MAIDEN NAME: Laomi Burner

16. BIRTHPLACE (city or town) (State or country): Penn.

17. INFORMANT: Thomas Easley
(Address) 29 h. Potomac

18. BURIAL, CREMATION, OR REMOVAL
Place: Rutland Cem. Date: 12/23 19 33

19. UNDERTAKER: John H. Moran
(Address) 3000 E. Balto.

Filed 23 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 21. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933. to December 21, 1933. I last saw her alive on December 20, 1933. Death is said to have occurred on the date stated above, at 12:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	years ago.
Coma.	

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Allen C. Bartham, M. D.

(Address) 3139 E. Baltimore St

M. D. F. 1268-9

F 96565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. moa. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Corpus

(a) Residence: No. 239 N Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cork

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge (State or country) Md

FATHER

13. NAME Henry Corpus

14. BIRTHPLACE (city or town) Cambridge (State or country) Md

MOTHER

15. MAIDEN NAME Ella Cornish

16. BIRTHPLACE (city or town) Cambridge (State or country) Md

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Dec. 23, 1933

19. UNDERTAKER Mrs Katie R Williams (Address) 322 N Schroeder St.

20. FILED DEC 23 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 26, 1933 to December 19, 1933

I last saw h alive on December 19, 1933 Death is said to have occurred on the date stated above, at 9:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	8 months ?
Congestive failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Magill M. D.

(Address) Balt. City Hosp.

D. B. 1268-9 E 96566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96566

XV 93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413 Old York Road St., 9-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alvin Fillmore Heathcote

(a) Residence: No. 3413 Old York Road St., ... Ward. Shrewsbury Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dora Heathcote

6. DATE OF BIRTH (month, day, year) Feb 28/1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenn Rock, Pa

FATHER

13. NAME John Heathcote

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Sarah Blasser

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Joseph Shubert
(Address) 3413 Old York Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Shrewsbury Date Dec. 26 1933

19. UNDERTAKER Ryksecker & Son
(Address) Glen Rock Pa

20. FILED D 29 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ... to ..... , 19

I last saw h alive on ..... , 19 ... Death is said to have occurred on the date stated above, at noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Arteriosclerosis-Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Mason M. D.
Coroner

(Address) 508 E Fronk Ave

M. D. B. 1288-9 E 96567 E 96567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 121

4. PLACE OF DEATH Maryland General Hospital Registered No. 27-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME [illegible]

(a) Residence: No. 209 Park Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Frostie E. Post

6. DATE OF BIRTH (month, day, year) Oct 21, [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucking & Hauling

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Staten Island New York

FATHER

13. NAME Everett Post

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Nancy Sally Lawson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec 26 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar

DEC 24 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1933 to December 22, 1933
I last saw him alive on December 22, 1933 Death is said to have occurred on the date stated above, at 2-15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	Nov 29
Other contributory causes of importance:	
Appendicitis abscess	Nov 16

Name of operation Laparotomy Appendectomy Date of Dec 16

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in ~~any~~ way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
(Address) Md. General Hospital

E 96568 E 96568

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-001

Registered No. 15-61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans' Hospital St. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Gavin

(a) Residence: No. 2105 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (~~or WIFE of~~) George Joseph Gavin

6. DATE OF BIRTH (month, day, year) Feb 26, 1871 Feb 15, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 42	709	827	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) Dec. 11. Total time (years) spent in this occupation 6 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Mr Fred W. Schoenebeck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Klammer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Husband

(Address) 2105 n. Pulaski st

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec 26th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

DEC 24 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~Dec 4 1933~~ 27, 1933, to Dec 23, 1933.

I last saw h[illegible] alive on Dec 23, 1933. Death is said to have occurred on the date stated above, at 10.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	Dec 15, 1933
Other contributory causes of importance: Phlebitis	Dec 8 1933

Name of operation Thyroidectomy Date of Dec 7, 1933

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. Allen Deckert M. D.

(Address) Womans Hospital.

M. D. B. 1268-B E 96569 E 96569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 27-41 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Burmeister

(a) Residence: No. 4903 Dennmore Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, Divorced (write the word) Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bertha Burmeister

6. DATE OF BIRTH (month, day, year) Oct 28 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Enamel Co 686

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frank Burmeister

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Adelia Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Bertha Burmeister 4903 Dennmore Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date 12/26/33

19. UNDERTAKER (Address) Wm Cook 1247 E Eager St

20. FILED DEC 27 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1933 to Dec 23, 1933

I last saw h. alive on Dec 23, 1933. Death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Type IV)	Dec 18, 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum Typing Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gustav Hochstein M. D.

(Address) Sinai Hosp.

D. B. 1268-29

E 96570

E 96570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH In woods

CITY OF BALTIMORE: (No. 3700 block Ellerslie Ave St.) 9-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank T. Dietzway

(a) Residence: No. 614 E. 37th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jany 9/1880

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	12	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer 3

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self 6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Frank X. Dietzway

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdelene Schleupner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Schlissler (Sister)
(Address) 614 E. 37th St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 26th 1933

19. UNDERTAKER Wm Cook & Son
(Address) 127 E Fayette St

20. FILED DEC 24 1933 Thomas E. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, before 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Bayne M. D.

(Address) 5006 Roland

ec.—2-29-28—L. F. S.—500 Blks.

E 96571

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96571

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 3807-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 3807 Raymond Ave. (WARD)

2—FULL NAME Nathan Oscar Stokes

(a) RESIDENCE NO. 3807 Raymond Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word)

Male | White | Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Stokes

DATE OF BIRTH (month, day, and year) March 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	9	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 86

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Harford Co Md

10 NAME OF FATHER Kelly Stokes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Hanna McFadden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co Md

14 Informant Hanna E Stokes

(Address) 3807 Raymond Ave

15 Filed DEC 24 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22. 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1933, to Dec 22, 1933, that I last saw h alive on Dec 21, 1933 and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardial degeneration

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. S. Dripers, M. D.

, 19 (Address) 1324 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethel Church Cemetery Madonna Harford Co. Md

DATE OF BURIAL Dec 26, 1933

20 UNDERTAKER Wm Cook

ADDRESS 1217 W Fayette St

E 96572

M. D. B. 1268-9 E 96572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3043 Huntingdon Ave Ward) 31

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T Rafferty

(a) Residence: No. 3043 Huntingdon Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 31 1877

7. AGE: Years 56 | Months 6 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brakeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B. & O. R.R. Co.
10. Date deceased last worked at this occupation (month and year): Nov. 1933
11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (city or town) (State or country): Ockeyville Md

FATHER

13. NAME: Thomas Rafferty
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Bridget Dailey
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Mary Rafferty 3043 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Cem Md Date Dec 26 1933

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED ... 19 ... by ... Registrar

DEC 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1933 to Dec. 23 1933

I last saw him alive on Dec 20 1933 Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis with Uremia	

Other contributory causes of importance:

Arteriosclerosis	
Chronic Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L A Rafferty M. D.

(Address) 1124 N. Fremont Ave

D. H. 1268-A

ME 96573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William F. Gleason

(a) Residence: No. 1552 Bank St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov. 3, 1929

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick Gleason

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna B Lewis

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Patrick Gleason

(Address) 1552 Bank St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 26 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED DEC 24 1933 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 33 to Dec. 19 33

I last saw h alive on Dec. 19 33 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/22 1933

Where did injury occur? In front of 535 E Fort Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by automobile

Nature of injury While playing in the street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Gleason Coroner M. D.

(Address) 2202 E Madison St

H. D. B. 1205-9 E 96574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96574

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 N. Bayson St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Grimsey

(a) Residence: No. 916 N. Bayson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob J. Grimsey 1865

6. DATE OF BIRTH (month, day, year) June 8 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 12-19-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick
(State or country) Md.

FATHER

13. NAME Robert Carter

14. BIRTHPLACE (city or town) Frederick
(State or country) Md.

MOTHER

15. MAIDEN NAME ? Troxel

16. BIRTHPLACE (city or town) Frederick
(State or country) Md.

17. INFORMANT Orilla M. Hammond
(Address) 605 Winans Way.

18. BURIAL, CREMATION, OR REMOVAL
Place Westview Date Dec 26th 1933

19. UNDERTAKER Wm Cook
(Address) 1817 E. Pratt St.

Registrar.

EC 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23- 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-19- 1933 to 12-23- 1933

I last saw her alive on 12-22- 1933 Death is said to have occurred on the date stated above, at 3:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-19-33
Other contributory causes of importance: Hypertension	unk

Name of operation none Date of ...

What test confirmed diagnosis? B. S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Chester Richards, M. D.

(Address) 2532 Edmondson Ave.

M. D. B. 1268-9 E 96575 E 96575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2946 W. North Ave. St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ?yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Solmson

(a) Residence: No. 2946 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Max Solmson

6. DATE OF BIRTH (month, day, year) Feby. 1, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Julius Jacobson

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pauline Kann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Miller
(Address) 2946 W. North Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Date Dec. 25, 1933

19. UNDERTAKER Chas. Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED DEC 24 1933 Huntington Williams Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8 1933 to Dec 22 1933

I last saw h[illegible] alive on Dec 22 1933. Death is said to have occurred on the date stated above, at 9.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of mediastinum	
Other contributory causes of importance: Chronic valvular heart dis.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ernest N. Kahn M. D.

(Address) 3005 W. North Ave

M. D. B. 1268-9 E 96576 E 96576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5 Penn St 4-01 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ray W. Scott

(a) Residence: No. 5 Penn St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Scott

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Martha Richard

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Martha Scott
(Address) 5 Penn St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 12/24 1933

19. UNDERTAKER Rayner & Dennis
(Address) 5783 Belair Rd

FILED 1933 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/33

22. I HEREBY CERTIFY, That I attended deceased from 12/14/33, 19 to 12/21/33, 19
I last saw h alive on 12/21/33 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	12/14/33
Chronic Bronchitis Emphysema	
Name of operation None Date of	
What test confirmed diagnosis? Clinical Was there an autopsy? no	

Other contributory causes of importance:

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John Bosley M. D.
(Address) 519 N. Carrollton

M. D. B. 1268-9 E 96577 E 96577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Scherr

(a) Residence: No. 177 N. Luzerne Ave. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ruth

6. DATE OF BIRTH (month, day, year) 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Louis Scherr

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Caplan

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Scherr

(Address) 177 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Washington Blvd Place ..... Date Dec 24 1933

19. UNDERTAKER Sol Levinson Bro

(Address) 1127 E Belle St.

20. FILED Huntington Williams Registrar.

DEC 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1933 to Dec 23, 1933

I last saw him alive on Dec 23, 1933 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Nov. 20, 1933
Rheumatic endo	4 years
Cardiac Hypertrophy & Dilatation	4 years
Myocardial Degeneration	4 years

Other contributory causes of importance:

G. C. urethritis, prostatic & arthritis	1926
	1926

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gustav Hochstein M. D.

(Address) Sinai Hosp.

M. D. B. 1208-9

E 96578

E 96578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 11 yrs. ... mos. ... ds.

2. FULL NAME Abraham Rochlin

(a) Residence: No. 422 Pk. Heights Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Solomon

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Sorayne Date 12 Dec 23, 1933

19. UNDERTAKER Jacob Levin Inc
(Address) 1739 E. Baltimore St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 23 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1933, to Dec 23, 1933

I last saw him alive on Dec 23, 1933. Death is said to have occurred on the date stated above, at 1:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12-22-33
Arteria Sclerotic C.V.D.	years
Cardiac Hypertrophy & Dilatation	years
Cardiac Insufficiency	years

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Gustav Highstein M. D.

(Address) Sinai Hospital

D. B. 1268-9 E 96579

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96579

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4903 Reisterstown Rd St. 27-01 Ward)
Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Lieber

(a) Residence: No. 4903 Reisterstown Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bernard

7. DATE OF BIRTH (month, day, year) 10 4

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tenant 6-37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ... Russia
(State or country)

MOTHER / FATHER

13. NAME ... Leigh
14. BIRTHPLACE (city or town) ... Russia
(State or country)
15. MAIDEN NAME ... Rachael
16. BIRTHPLACE (city or town) ... Russia
(State or country)

17. INFORMANT Anna Lieber
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Jewish Date 12/27/33

19. UNDERTAKER Jos. Levering
(Address) 1434 Park Ave

20. FILED 12/27/33 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	
Heart	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner
(Address) 322 Hooper

M. D. P. 1268-9 E 96580 E 96580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 677 N. Franklin St. (Ward) 7th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 32 yrs. ..... mos. ..... ds.

2. FULL NAME Jacob H. Jacobson

(a) Residence: No. 677 N. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Lena Abraham

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr Myer M. Jacobson
(Address) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Shelter Rock Cemetery Date 3/24, 1933

19. UNDERTAKER Jos. Lewis Son
(Address) 1432 E. Balto St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23/33 19

22. I HEREBY CERTIFY, That I attended deceased from December 11, 1933 to Dec 22 1933

I last saw h[illegible] alive on December 22 1933. Death is said to have occurred on the date stated above, at 4:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy (Myocarditis)	
Coronary Sclerosis	1928?
Coronary artery Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Moses Jaulson M. D.

(Address) Medical Arts Bldg

H. D. B. 1268-9 E 96581 E 96581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Warner

(a) Residence: No. 2920 Po Court St. Birmingham, Ala. Ward. Brady 3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 1, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	39	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 245

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bibb Ala.

MOTHER | FATHER

13. NAME Isadore Warner

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rebecca Kronenberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Birmingham Alabama 12/24 1933

19. UNDERTAKER Jack Lewis Inc.
(Address) 1439 E. Lombard St.

20. FILED DEC 24 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1933 to Dec. 23, 1933

I last saw him alive on Dec. 23, 1933 Death is said to have occurred on the date stated above, at 3:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Bronchopneumonia, right lower	12/22
Paralytic ileus, following	12/21
transperitoneal nephrectomy,	
right, for hypernephroma	

Other contributory causes of importance:

Name of operation Transperitoneal nephrectomy Date of 12/20/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh J. Jewett M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1248-0 E 96582 ✓ E 96582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 W. West, St 23-01 Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Eidman.

(a) Residence: No. 25 W. West. St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Eidman.

6. DATE OF BIRTH (month, day, year) Nov 14-1857.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	76	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Phillip Wehrheim.

14. BIRTHPLACE (city or town) (State or country) Germy

MOTHER

15. MAIDEN NAME Anna Yost.

16. BIRTHPLACE (city or town) (State or country) Germy.

17. INFORMANT Henry Kuhlman.

(Address) 25 W. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 25th 1933

19. UNDERTAKER E. Schloman & Son

(Address)

20. FILED DEC 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1933 to Dec 21 1933

I last saw h alive on Dec 21 1933 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Indigestion	
Other contributory causes of importance:	
Acute dilatation of Heart 1 Day	

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) K. K. Campbell M. D.

12/22/33 (Address) 1644 Hanover St

M. D. B. 1268-9 E 96583 E 96583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ v 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August P. Schneider

(a) Residence: No. Greenwood Rd. St., Lutherville Heights Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): ~~Single~~ Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Louise Schneider

6. DATE OF BIRTH (month, day, year): Sept. 2 1859

7. AGE: Years 74 | Months 3 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Peter Schneider

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Anna K. Clark Daughter
(Address) Greenwood Rd. Lutherville Heights

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 12/24 19 33

19. UNDERTAKER: Foster J. Pinkston Co
(Address) Greenwood Rd Lutherville Heights

20. Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 22nd 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21st 1933 to Dec. 22nd 1933 last saw him alive on Dec. 22nd 1933 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound Rt. Temporal Region	12 21 33
Carcinoma Esophagus	?
Lung Abscess	?
Bilateral Sub Temporal Decompression	

Name of operation: Date of 12 21 33

What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 12 21 1933
Where did injury occur? Lutherville Heights, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Home
Manner of injury: Gunshot wound Rt Temporal
Nature of injury: Region

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

H. D. B. 1200 96584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

Registered No. 96584

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 N. Pattersonpark Ave 8-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F. Schuette Jr.

(a) Residence: No. 1711 N. Pattersonpark Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 9. 1933

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William W. F. Schuette

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Marie Gerstlich

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William W. F. Schuette
(Address) 1711 N. Pattersonpark Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cem Date Dec 26. 1933

19. UNDERTAKER Mr. & Mrs. John W. Tyrell & Son
(Address) 801 W. Fayette St.

20. FILED Dec 26 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from December 13 1933 to December 23 1933

I last saw h... alive on December 23 1933. Death is said to have occurred on the date stated above, at 11. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	4 days
Other contributory causes of importance: Bronchial Pneumonia and Exhaustion	10 days 4 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) ... M. D.

(Address) ...

M. D. F. 1938-9 E 96585

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96585

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2855 W. Lanvale St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Virginia Schroeder,

(a) Residence: No. 2855 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Schroeder,

6. DATE OF BIRTH (month, day, year) August 1, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Peter Fogle,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Richard D. Schroeder,
(Address) 2855 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date DEC 26 1933

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 23 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1930 to Dec 27 1933

I last saw h[illegible] alive on Dec 23 1933. Death is said to have occurred on the date stated above, at 930 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial - Endocardial disease	4 Yrs.
advanced generalized Arterio sclerosis	4 Yrs.
Chronic Nephritis	4 Yrs.
Other contributory causes of importance:	
Bronchitis	1 week

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. W. Michel M. D.

(Address) 290 S. Edmondson Ave

aCo. 5-31 2108

E 96586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Forrest Hill Ave St. 25-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Pojunas

(a) Residence: No. 1303 Forrest Hill St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	W

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	X	X	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeping

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithaunia

13. NAME Anthony Bralery

14. BIRTHPLACE (city or town) (State or country) LITHAUNIA

15. MAIDEN NAME Ha

16. BIRTHPLACE (city or town) (State or country) Lithaunia

17. INFORMANT Ona Chester
(Address) 1303 Forest Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 26, 1933

19. UNDERTAKER Chas P. Kuchambere
(Address) 637 Lond Point

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1933 to 12-23, 1933

I last saw her alive on 12/23 1933 death is said to have occurred on the date stated above, at 5.4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	2 days
Other contributory causes of importance: Chronic - Cardio - Vascular - Renal Disease	10 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? Hyped Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph E. Laukaitis M. D.

(Address) 679 W Ost Blvd

E 96587

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96587

82-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore Gen. Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Frank Martin

(a) Residence: No. 610 Hanover St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice Martin

7. DATE OF BIRTH (month, day, year) July 3, 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Martin

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Edward Martin
(Address) 5504 7th St. NW Wash DC

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 25 1933

19. UNDERTAKER Putnam & Co
(Address) 2224 Madison Ave

20. FILED Dec 27 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 12/22/33, 19.. to 12/23/33, 19..
I last saw him alive on 12/23/33 19.. death is said to have occurred on the date stated above, at 2 19 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	12/21/33

Other contributory causes of importance:

Arteriosclerosis, generalized	?
Hypertension, secondary	?
Cellulitis of left arm	?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible]

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 96588

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hospital Ward)

2-FULL NAME Kate C. Stansbury

(a) RESIDENCE NO. 2411 Garrison Blvd. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Stansbury

6 DATE OF BIRTH (month, day, and year) Dec. 2d - 1861

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ... min.
	72		20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Washington
(State or country) D. C.

PARENTS

10 NAME OF FATHER Rezin Du Pumphrey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Washington D. C.

12 MAIDEN NAME OF MOTHER Rebecca Dumphrey

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Washington D. C.

14 Informant Miss Florence Stansbury
(Address) 2411 Garrison Blvd

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 22 - 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (or autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. days

CONTRIBUTORY (Secondary)
(duration) yrs. mos.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) John Hanrahan M.D.
19 (Address) 1622 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. Co

DATE OF BURIAL 12/25 1933

ADDRESS

20 UNDERTAKER Jones Sons 1600 W. Balto

M. D. B. 1200-9 E 96589 E 96589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X Y 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3619 Falls Road St., 23-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie E. Mather

(a) Residence: No. Randallstown, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year): September 20-1898

7. AGE: Years 35 | Months 3 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: William G. Mather
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary F. McCauley
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Mary E. Powell
(Address) 3619 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: Dec. 26: 1933

19. UNDERTAKER: Horace F. Burgee
(Address) 3631 Falls Road

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 22. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15-1. 1933 to Dec 22nd 1933
I last saw h[illegible] alive on Dec 15-1933 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Diabetes Coma:	
Other contributory causes of importance (Typical Arteriosclerotic Hopelessly an idiot.)	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) B. Q. Leech M. D.
(Address) 3611 Falls Rd

E 96590

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 8-C1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret A. Schneider

(a) Residence: No. 1501 N. Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar - 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	20	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. "

FATHER

13. NAME Evelyn Martin Schneider

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Evelyn Moore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Martin Schneider
(Address) 1501 N Bradford St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Dec 25, 1933

19. UNDERTAKER Leo G. Leook
(Address) 1723 N Patterson Park Ave

20. FILED Dec 27 1933 Hunting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1933 to December 23, 1933

I last saw her alive on December 23, 1933 Death is said to have occurred on the date stated above, at 1:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia - lobar - right	12-10-33
2. Empyema - rt.	
3. Toxemia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) S. M. Mayseller M. D.

(Address) St. Joseph's Hospital

D. B. 1268-9 E 96591 ✓ E 96591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. 1

1. PLACE OF DEATH In front of
CITY OF BALTIMORE: (No. 104 N. Mount St. St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elie Williams.(C)

(a) Residence: No. 104 N. Mount St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (WIFE of) Nellie Williams(C)

6. DATE OF BIRTH (month, day, year) March 14, 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	9	7	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Florida.

12. NAME Do not know.

13. BIRTHPLACE (city or town) (State or country) Do not know.

14. MAIDEN NAME Do not know.

15. BIRTHPLACE (city or town) (State or country) Do not know.

16. INFORMANT Nellie Williams.(C) wife.

(Address) 104 N. Mount St.

17. BURIAL, CREMATION, OR REMOVAL Place Richmond, Va. Date Dec 26, 1933

18. UNDERTAKER Mrs. Katie R. Williams

(Address) 32 N. Schroeder St.

DEC 24 1933 Funeral from 1st Ill. Baptist

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 8.45 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Rupture of an Aortic Aneurysm.

Lues.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner

(Address) 1017 E. Charles St.

rc. 2-29-28—L. F. S. 100 M. F 96592 Dr Dietel 1224 Hanover F 96592 South 0100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

REGISTERED NO. F 96592

1—PLACE OF DEATH
CITY OF BALTIMORE: (No.) 611 N. Homburg (ST.) 23 (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Bernard Rasche

(a) RESIDENCE NO. 611 N Homburg ST., WARD (If non-resident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Male
4 Color or Race: White
5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of: Virginia B Rasche

DATE OF BIRTH (month, day, and year): Sept 10, 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3	13	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: John F Rasche

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Maria Rasch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Virginia Rasche
(Address) 611 N. Homburg St

Filed Dec 24 1933 19 Registrar

C 24 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23, 1933

17 I HEREBY CERTIFY, That I attended deceased from July 25th, 1933, to Dec 23rd, 1933
That I last saw him alive on Dec 22nd, 1933
and that death occurred, on the date stated above, at 6:30 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death
Did an operation precede death? Not Date of
Was there an autopsy? No
What test confirmed diagnosis? P. F. X-ray, sputum

(Signed) Harry Reichel M. D.
12/24, 1933 (Address) 1224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cem
DATE OF BURIAL: 12/26/33

20 UNDERTAKER: Mr Cook
ADDRESS: 127 N Paca St

D. H. 1368-2 96593 96593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 Morgan St., Mt. Winans Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha A. Livingood

(a) Residence: No. 2519 Morgan St. Mt. Winans Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John H.

7. DATE OF BIRTH (month, day, year) 1854

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Dr. John E. Livingood
(Address) 2519 Morgan St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 12/24/1933

19. UNDERTAKER Wm. George Sons Co.
(Address) 1620 Pennsylvania Ave

FILED 12/24/1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Dec 19, 1933

I last saw h[illegible] alive on Dec 19, 1933 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	4 days

Other contributory causes of importance:

Cardiac Insufficiency	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Wilford Dampman M. D.
(Address) 1620 Pennsylvania Ave

E 96594

Spec.-7-17-26 A Co.-200 Blks.

E 96594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 97

1-PLACE OF DEATH

City of BALTIMORE: (No. 1433 Argyle St. Ward 11-01)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Fuller

(a) RESIDENCE NO. 1433 Argyle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H.

6 DATE OF BIRTH (month, day, and year) Dec. 25—1855

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	77	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER James A. Hall

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Sarah Cole

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs. Nellie Daly

(Address) 1433 Argyle Ave

DEC 24 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/21 1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 1st 1933 to Dec 21 1933

that I last saw her alive on Dec 20 1933

and that death occurred, on the date stated above, at 3:10 a. m.

The CAUSE OF DEATH* was as follows:

Senility with

Arteria Sclerosis

(duration) yrs. mos. da.

CONTRIBUTORY Hypostasis

(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. P. Stevens M. D.

12/23. 1933 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

Date of Burial 12/24/1933

20 UNDERTAKER Mrs. George H. Holland

ADDRESS 1631 Druid Hill Ave

E 96595

E 96595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 N Broadford St., 7-01 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? 41 yrs. mos. ds.

2. FULL NAME Emma Pzonka

(a) Residence: No. 903 N Broadford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frank Pzonka

6b. DATE OF BIRTH (month, day, year): Not known

7. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bohemia

FATHER

13. NAME: Joseph Dopona
14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

15. MAIDEN NAME: not known.
16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Mrs. Mamura
(Address) 903 N Broadford

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Hill Date: Dec 26, 1933

19. UNDERTAKER: Thomas Brockon
(Address) 1906 Eastlander

20. FILED: 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1933 to Dec 23, 1933

I last saw her alive on Dec. 23, 1933 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rt. Breast
metastases to right & left axilla and right pleura

Date of onset ?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Vincent W. Jones M. D.

(Address) 875 N. Patterson Pk Ave

D. B. 1368-91 E 96596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96596

93-003 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 240 Pearl St. 4-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Rosena Nicklas

(a) Residence: No. 240 Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 23 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.
13. NAME Geo Nicklas
14. BIRTHPLACE (city or town) (State or country) Germany.
15. MAIDEN NAME Elizabeth Abeln
16. BIRTHPLACE (city or town) (State or country) Germany.
17. INFORMANT Minnie Nicklas
(Address) 240 Pearl St
18. BURIAL, CREMATION, OR REMOVAL 12/24/33
Place Loudon Pk. Date
19. UNDERTAKER Geo H. Leimbach
(Address) 518 N Fulton Ave
20. FILED Dec 24 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1933 to Dec. 23, 1933
I last saw her alive on Dec. 23, 1933 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	12-21-33
senile arteria sclerosis and myocarditis	Duration,

Other contributory causes of importance: —

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) J. Ferg Cook M. D.
(Address) 1203 W. Fayette St.

D. B. 1263-9 E 96597 ✓ E 96597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md University Hosp. St. 5 (Ward) 1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest Wahl

(a) Residence: No. 2253 Sidney Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Lillian May

7. DATE OF BIRTH (month, day, year) Apr 28 1876

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Edward E Wahl

(Address) 2253 Sidney Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Dec 25 1933

19. UNDERTAKER Richard H. Meyer

(Address) 1620 Ashburton Ave

20. Filed ... 19... ... Registrar.

DEC 30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1933 to Dec 22 1933

I last saw h(IM) alive on Dec 22 1933. Death is said to have occurred on the date stated above, at 3 45 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous Subarachnoid Hemorrhage	
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Syphilis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) G. S. Baker M. D.

(Address) University Hosp

M. D. B. 1268-9 E 96598 Count Frederick de Jonze ✓ E 96598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp. 79-001 Registered No.

CITY OF BALTIMORE: (No. St., 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Count Frederick de Jonze

(a) Residence: No. Savoy Plaza Hotel, N.Y.City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of ~~[illegible]~~ of

6. DATE OF BIRTH (month, day, year) Feb 28 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Paris (State or country) France.

FATHER

13. NAME Viscount de Jonze.

14. BIRTHPLACE (city or town) Paris (State or country) France

MOTHER

15. MAIDEN NAME Moya Hennessy

16. BIRTHPLACE (city or town) London (State or country) England.

17. INFORMANT Countess de Jonze.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date Dec 25. 1933

19. UNDERTAKER Henry W. Perkins Sons

(Address) McElfish & Orchard Sts

DEC 24 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24th. 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-12-, 1933, to 12-24-, 1933

I last saw h[illegible] alive on 12-24-33, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic meningitis (staphlococcus albus)	12-15-33

Other contributory causes of importance:

Brain abscess (staphlococcus albus)

Name of operation Craniotomy Date of 12-21-33

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard France M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-4 E 96599 ✓ E 96599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 79-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilson Gray

(a) Residence: No. Helen St Mary's 60 Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Farm

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Lucy Gray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Lula Wilson (Address) Mercy Hospital Baltimore

18. BURIAL, CREMATION, OR REMOVAL Place St Josephs St Marys Co Date 12/5/33

19. UNDERTAKER J. A. Wilson (Address) Charles Co. Md

20. FILED Huntington Williams 1/5 12/7

DEC 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1933, to Dec 24, 1933.

I last saw h. alive on Dec 23, 1933. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	?
Pan Sinusitis	?

Other contributory causes of importance:

Name of operation Nerve Date of ?

What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. D. Buttenwieser M. D.

(Address) Mercy Hospital Balto Md

E 96600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96600

CERTIFICATE OF DEATH

× 129

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1701 Park Av. ST. (If not in hospital) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lilly Belle atkins

(a) RESIDENCE NO. 1701 Park Av ST., WARD Loganton Pa
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 24 ds. How long in U. S., if foreign birth? 60 yrs. 11 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Atkins

DATE OF BIRTH (month, day, and year) Jan 10 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none do

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Rebersburg Pa.

10 NAME OF FATHER Jackson E Roush

11 BIRTHPLACE OF FATHER (city or town) (State or country) Troutburg Pa

12 MAIDEN NAME OF MOTHER Sarah A Kleckner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Clinton Co Pa

Informant Roy Roush - (brother)

(Address) 2905 Strathmore Rd

DEC 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24-1933

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1933, to Dec 24, 1933, that I last saw h alive on Dec 24, 1933, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis ×
myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) abdominal abscess

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? X ray

(Signed) Claud Emrick, M. D.

12/27/1933 (Address) 4706 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loganton Pa — DATE OF BURIAL: Dec 26 1933

20 UNDERTAKER: Stewart & Mowen Co — ADDRESS: 108 W Main

D. B. 1268-9

E 96601

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96601

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. 8-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Josephine Giannotte

(a) Residence: No. 1616 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Giannotte

7. DATE OF BIRTH (month, day, year) Aug 9 1898

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
35	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER'S MAIDEN NAME

13. NAME Gattano Merolla

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Concetta Esposito

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Irene Bassolupo

(Address) 1616 Clifton ave

18. BURIAL, CREMATION, OR REMOVAL

Place, Holy Redeemer Date Dec 26, 1933

19. UNDERTAKER Martin V. DiPasquale

(Address) 57 S. Paca St.

20. FILED ...19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1933 to December 23, 1933

I last saw her alive on December 23 1933. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. Cardiac enlargement & mitral stenosis	
3. Congestive heart failure	
Other contributory causes of importance:	

Name of operation V Date of V

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. M. Mezzullo M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

D. B. 1268-6 E 96602 ✓ E 96602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Eastern ave St. 3-01 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 26 yrs. ..... mos. ..... ds.

2. FULL NAME Anthony Lunes

(a) Residence: No. 823 Eastern ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Josephine Lunes ?

7. DATE OF BIRTH (month, day, year) ?

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Frank Lunes

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Margaret Bascigalo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Josephine Lunes
(Address) 823 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 26 1933

19. UNDERTAKER Mahler & Co. Dillon Inc
(Address) 32 E Lanvale St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1933 to Dec 22 1933

I last saw h.. alive on Dec 21 1933. Death is said to have occurred on the date stated above, at 11:50 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:

Secondary Pneumonia	4 ms

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Nathan J. Donovan M. D.

(Address) 3228 Eastern ave

F 96603

H. D. B. 1208-9

F 96603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3315 St. Walbrook Ave 5-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lehman Willett Leach.

(a) Residence: No. 3315 Walbrook Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Divorced
6a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Jennie Leach.
6. DATE OF BIRTH (month, day, year): Dec 5 - 1848
7. AGE: Years 85 | Months 0 | Days 19. | If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired.
10. Date deceased last worked at this occupation (month and year) 20 yrs.
11. Total time (years) spent in this occupation
12. BIRTHPLACE (City or town) Montgomery Co Md. (State or country)
13. NAME Ralph Leach
14. BIRTHPLACE (city or town) md. (State or country)
15. MAIDEN NAME Christiana Willett
16. BIRTHPLACE (city or town) md. (State or country)
17. INFORMANT Edward M Leach (Address) 3315 Walbrook Ave
18. BURIAL, CREMATION, OR REMOVAL Place Old St Pauls Date Dec 27. 1933
19. UNDERTAKER Wm Cook (Address) 1217 St Paul St.
20. FILED ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 . 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1932 to Dec 24 1933.
I last saw him alive on Dec 24 1932 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Heart disease Hemorrhage Myocardial degeneration with gradual failure	1 yr
Other contributory causes of importance: Senile arteriosclerosis	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
(Address) 2202 Harrison Blvd

D. B. 1268-9 E 96604 ✓ E 96604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 637 E 36th St., 9-01 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Emily Little
(a) Residence: No. 637 E 36th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert E Little

DATE OF BIRTH (month, day, year) Oct 24, 1851

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	82	2	0 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——— 000
10. Date deceased last worked at this occupation (month and year) ×
11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Robert Stewart
14. BIRTHPLACE (city or town) (State or country) Yorkshire
15. MAIDEN NAME Yorkshire
16. BIRTHPLACE (city or town) (State or country) England
17. INFORMANT Catharine Hall (Address) 605 E 36th St
18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Dec 26 19 33
19. UNDERTAKER Wm Cook (Address) 1217 St. Paul St
20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 33

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1933 to Dec 23, 1933
I last saw her alive on Dec 23, 1933 Death is said to have occurred on the date stated above, at 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	Do not Know
Other contributory causes of importance:	
Senility	1
	1

Name of operation ——— Date of ———
What test confirmed diagnosis? Phys exam Was there an autopsy? ———

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ———
Manner of injury none
Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ———
(Signed) W. L. Russell M. D.
(Address) Westminster Md

E 96605 ✓ E 96605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Springfield Ave St. 27-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Green

(a) Residence: No. 1206 Springfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Green

7. DATE OF BIRTH (month, day, year) 1895 ?

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	3	17 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson Md

MOTHER FATHER

13. NAME Emmanuel Mack

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sarah Meyers
(Address) 153 W 123rd St N. Y. City

18. BURIAL, CREMATION, OR REMOVAL
Place Cuba Cem. Md Date 12 26th 1933

19. UNDERTAKER Byron Francis M. Knight
(Address) 121 Pine & Liberty Sts

20. FILED 12 29 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1933 to Dec 33 1933

I last saw h[illegible] alive on Dec 22 1933 Death is said to have occurred on the date stated above, at 10 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobular Pneumonia	Dec 18 33
Other contributory causes of importance: Interstitial Nephritis	Dec 1 33

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 50 [illegible]

M. D. B. 1268-9

E 96606 ✓ E 96606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4639 Falls Road St. 3-ed Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Street

(a) Residence: No. 4639 Falls Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Street

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Prospect Va.

FATHER

13. NAME Sandy Street

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha M. Price

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Martha M. Douglas
(Address) 4639 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Va Date 12-27th 1933

19. UNDERTAKER Byron + Manning Wright
(Address) 1218 Eldersly St

20. FILED 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1933, to Dec. 24, 1933

I last saw h— alive on Dec. 24, 1933. Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. A. Johnson M. D.

(Address) 2319 Eutaw St.

D. B. 1268-9 E 96607

E 96607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 20-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John P. Ryan

(a) Residence: No. 2136 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 4-10-29

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wm. J. Ryan

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Mary Hester

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Portugal
(Address) 2136 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem. Date 12/26/1933

19. UNDERTAKER George A. Fuhrman
(Address) Fulton & Fayette Sts.

20. FILED Dec 26 1933 Huntington J. Russell Registrar. # 1011

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-12-33, 19, to 12-24-33, 19

I last saw h~~e~~ alive on 12-24-33, 19. Death is said to have occurred on the date stated above, at 5th p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extensive 2nd & 3rd degree Burns of Body - arm, legs and face	(Exact)
Other contributory causes of importance: Accidental Death Sequence of Burns	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 12-12, 1933

Where did injury occur? At Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Home not at work

Nature of injury Burns - 2nd & 3rd degree

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert H. Allen, M. D.
(Address) Bon Secours Hosp.

H. D. B. 1268-9 E 96608 ✓ E 96608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

Registered No. 30-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 Mosher St. 30-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. da. How long in U. S. If of foreign birth 50 yrs. mos. da.

2. FULL NAME John Flanagan

(a) Residence: No. 2708 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Flanagan

6. DATE OF BIRTH (month, day, year) Feb 4 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Robt Flanagan

(Address) 2708 Mosher

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 12/26 1933

19. UNDERTAKER Eugene Stanley

(Address) Fulton & Lafferty

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1933, to Dec 23, 1933.

I last saw h[illegible] alive on Dec 22, 1933. Death is said to have occurred on the date stated above, at 12 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	4 days
Bulbar Apoplexy	2 days
Other contributory causes of importance:	
Atherosclerosis	6 months

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) [illegible] M. D.

(Address) 2708 Washington Blvd

D. H. 1268-8 E 96609 ✓ E 96609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Ashburton St. 16-21 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Francis Bosch.

(a) Residence: No. 607 Ashburton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa E.

DATE OF BIRTH (month, day, year) Dec. 15-1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	—	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber. 514

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 051

10. Date deceased last worked at this occupation (month and year) 8-1-30 11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles Bosch.

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

15. MAIDEN NAME Mary Sauerwald.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary Bosch.

(Address) 44 S. Poppleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 7/27. 1933

19. UNDERTAKER Fay & A. Farley

(Address) Fulton cor. Fayette

Filed . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-23-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov-14-, 1933 to 12-23-, 1933

I last saw h[illegible] alive on 12-22-, 1933. Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	unknown

Other contributory causes of importance: none

Name of operation none Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Rilands, M. D.

(Address) 2532 Edmondson ave.

D. B. 1268

E 96610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96610

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 20-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary J. McKenna

(a) Residence: No. 3515 Lanvale Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	wht	widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

3. DATE OF BIRTH (month, day, year) 10-15-55

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wm Allenbaugh

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Mary Leaden

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. L. Watts

(Address) 1302 Harlem

18. BURIAL, CREMATION, OR REMOVAL

Place N W Cathedral Date 12-26-33 19

19. UNDERTAKER H. Gray Brannigan Sons

(Address) 1136 Pulaski Gray Street

20. FILED 12-26-33 Hartigan Williams Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-33 19

22. I HEREBY CERTIFY, That I attended deceased from 12-20-33 19 to 12-23-33 19

I last saw her alive on 12-23-33 19 Death is said to have occurred on the date stated above, at 5:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis By Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert J. Reiman M. D.

(Address) Bon Secours Hosp.

E 96611 ✓ E 96611

6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

98
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 4804 Park Heights St. 27-01 WARD)

2-FULL NAME Emma Talbott

(a) RESIDENCE. NO. 4804 Park Heights av ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. Talbott

6 DATE OF BIRTH (month, day, and year) Aug 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Thomas Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Gardenyr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant (Address) Mrs F. Talbott 4816 PARK HEIGHTS AVE BALTIMORE, MD.

Filed DEC 25 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933, to Dec 22, 1933, that I last saw h-r alive on Dec 17, 1933, and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene

(duration) yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Senility

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas J Treacy, M. D.

, 19 (Address) 5276 Park Heights ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: Dec 26 1933

20 UNDERTAKER: Chas M. Smith & Son

ADDRESS: 1111 Harlem

Co. 5-31 2508

E 96612

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96612

CERTIFICATE OF DEATH

172-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eaton Avenue St., 18-01 Ward)

Length of residence in city or town where death occurred 76? yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Miss Annie E. Kelly

(a) Residence: No. 914 Hollins St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76 yrs ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland
13. NAME Patrick E. Kelly
14. BIRTHPLACE (city or town) Balto Md (State or country)
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Baltimore (State or country)
17. INFORMANT Jenkins Memorial Hosp
(Address) 1000 Eaton Avenue.
18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/26/ 1933
19. UNDERTAKER John J. Emmett Co.
(Address) 409 Lafayette St.
20. FILED 12-27-33 Huntington Pollard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to December 23rd, 1933
I last saw h[illegible] alive on 12/1/ 1933 death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Femoral Hernia (Left)	11/19/33
Other contributory causes of importance: Terminal Broncho pneumonia	12/20/33

Name of operation None Date of ...
What test confirmed diagnosis? None as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John C. Dunler, M. D.
(Address) St Agnes Hospital

Co. 5-H 2508 E 96613 E 96613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√56

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 806 N. Patterson Park Ave. St., 7-01 Ward)

gth of residence in city or town where death occurred Life mos ds How long in U.S. If of foreign birth? yrs mos ds

FULL NAME Margaret E Collins

(a) Residence: No. 806 N Patterson Park Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Collins

DATE OF BIRTH (month, day, year): Nov. 21, 1871

AGE Years	Months	Days	If LESS than 1 day, hours or min.
62	I	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

12. NAME: Thomas Brown

13. BIRTHPLACE (city or town) (State or country): Ireland

14. MAIDEN NAME: Sarah Shadrick

15. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

INFORMANT: Mr. Francis Collins

(Address): 806 N Patterson Park Ave

BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Cem Date: Dec. 26, 1933

UNDERTAKER: George S. Rutter Co

(Address): 1245 Druid Hill Ave

DEC 26 1933

FILED: [illegible] 12-26-33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 21, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Dec 21, 1933

I last saw h[illegible] alive on Dec 21, 1933, and death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	Dec 1
Acute Cardiac Dilatation	Dec 1

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify: No

(Signed) [illegible] M. D.

(Address) 806 N Patterson Park Ave

D. B. 1268-9 E 96614 E 96614

2 7 7 8 6 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Long

(a) Residence: No. 116 N. Church St. St. Brady 2 Ward. Waynesboro Pa.
(Usual place of abode) Waynesboro, Pa. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	W.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 25, 1848

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock Clerk
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Joseph Long

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Maria Bussard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Waynesboro Pa. Date 12/26, 1933

19. UNDERTAKER Hall & Grove
(Address) Waynesboro Pa

20. FILED DEC 29 1933 Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1933 to Dec. 25, 1933
I last saw him alive on Dec. 25, 1933 Death is said to have occurred on the date stated above, at 3 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism ?	12-25-
Myocardial failure ?	

Other contributory causes of importance:

Name of operation Transurethral resection Date of 11-3-33

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hopkins Jewett M. D.
(Address) Johns Hopkins Hospital

D. B. 1268-8

E 96615

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96615

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Maryland Genl Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph L. Abell

(a) Residence: No. 1326 W. Fombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) Dec 19, 1851

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
82	0	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William B Abel

14. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

15. MAIDEN NAME Margaret King

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Mr King

(Address) 1326 W Fombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Dec 26, 1933

19. UNDERTAKER Robert Murphy & Son

(Address) Calhoun & Fombard

20. FILED 12-27-33 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 23 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1933 to 12-23, 1933

I last saw him alive on Dec 23, 1933 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	
Other contributory causes of importance:	
Acute Cardiac Fibrilation	12-23-33

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Spec.-7-17-26—A Co.—200 Bks. E 96616

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96616

CERTIFICATE OF DEATH

REGISTERED NO. 23

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1310 S Highland Ave St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Dunmore

(a) RESIDENCE NO. 1310 S. Highland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Maude Dunmore

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pile Driver

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER James Dunmore

11 BIRTHPLACE OF FATHER (City or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Maude Dunmore (Address) 1310 S Highland Ave

15 Filed 12 26 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23/33 - 11 P M 19

17 I HEREBY CERTIFY, That I attended deceased from May 26 1933 to Dec 23 1933

that I last saw h[illegible] alive on Dec 22 1933

and that death occurred, on the date stated above, at 11. P. m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. mos. 7 da.

CONTRIBUTORY (Secondary) Cutting Tuberculosis

(duration) 7 yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

12/24/33 (Address) 811 S. Edwards Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hopewell Cem Co

Date of Burial 12/26 1933

20 UNDERTAKER Edward Toulson

ADDRESS York Rd

D. B. 1268-9 E 96617

E 96617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert & 33rd St., or 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James E Howard

(a) Residence: No. 718 Pacific St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) 10-12-33

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

13. NAME Valentine Howard

14. BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

FATHER

15. MAIDEN NAME Mary Herrmann

16. BIRTHPLACE (city or town) Balt.
(State or country) Md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Ext. Date Dec 27 19 33

19. UNDERTAKER Walter Brown
(Address) 3418 Eastern Ave.

20. FILED DEC 28 1933 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-19-33, 19 ..... to 12-25-33, 19 .....

I last saw him alive on 12-25-33, 19 ..... Death is said to have occurred on the date stated above, at 10:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, broncho, bilateral	12-19-33

Other contributory causes of importance: —

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Richard Rance M. D.

(Address) Union Memorial Hosp.

D. B. 1268-9

E 96618

E 96618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Lanvale & Dukeland St.,) Ward)

Registered No. 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Emma Wi Nagle

(a) Residence: No. 2021 Harlem Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter O. Nagle

7. DATE OF BIRTH (month, day, year) Oct 17th 1872

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	61	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER FATHER

13. NAME Wm. Morris

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Ritzpiss

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Miss Vida Nagle

(Address) 2021 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/17/33

19. UNDERTAKER Wm. Miller & Son

(Address) 2503 Edmondson Ave

Filed ... 1933 ... Registrar.

C 25 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1933 to December 24, 1933

I last saw her alive on December 24, 1933 Death is said to have occurred on the date stated above, at 10:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertensive Heart Disease	?
2. Broncho-pneumonia	12/14/33
Other contributory causes of importance: Ulcerative Stomatitis	12/6/33

Name of operation Appendectomy & cholecystostomy Date of 11/28/33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jean Ashman M. D.

(Address) West Baltimore General Hosp

. D. B. 1268-9 96619 E 96619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1727 Hanford Ave St., 8-01 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank H. Radcliffe

(a) Residence: No. 1727 Hanford Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Radcliffe (Helen)

7. DATE OF BIRTH (month, day, year) Dec 23rd 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	73	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Samuel Radcliffe

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Hester Daffin

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Minnie Radcliffe
(Address) 1727 Hanford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Date Dec 26th 1933

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED DEC 26 1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26 1933 to Dec 23 1933

I last saw h.me alive on Oct 25 1933. Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Renal Disease	Sept 1932
Other contributory causes of importance: Acute Pulmonary Edema	1 day

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Samuel Buell M. D.

(Address) 1331 E. North Ave

D. B. 1368-9

E 96620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 47-21 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Osborne Stone

(a) Residence: No. 3311 Paton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 8, 1883

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
50	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mecklenburg
(State or country) Va

13. NAME Rosa Stone

14. BIRTHPLACE (city or town) Mecklenburg
(State or country) Va

15. MAIDEN NAME Phyllis Hanson

16. BIRTHPLACE (city or town) Mecklenburg
(State or country) Va

17. INFORMANT Regds
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12/27/33

19. UNDERTAKER Mrs. George H. Holland
(Address) 1630 Druid Hill Ave

FILED DEC 26 1933 19 Arthur Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22 1933

22. I HEREBY CERTIFY, That I attended deceased from December 19 1933 to December 22 1933

I last saw him alive on December 22 1933 Death is said to have occurred on the date stated above, at 7 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bimelar pneumonia	4 days
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Pharmel M. D.

(Address) Balt City Hosp.

D. B. 1268-1 E 96621 E 96621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11-C Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Zachariah Tate

(a) Residence: No. 1225 N. McCulloh St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Theresa Thomas (Deceased)

DATE OF BIRTH (month, day, year) May 1, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Jonhson Bay Tennessee

13. NAME Henry Tate

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Eliza J White

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Friend (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 12/26/1933

19. UNDERTAKER Mrs. George H. Holland (Address) 1231 Druid Hill Ave

20. FILED DEC 22 1933 DEC 26 1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1933 to Dec 23 1933

last saw him alive on December 23, 1933 Death is said to have occurred on the date stated above, at 7:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?
Congestive Failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I Phagel, M. D.

(Address) Balt. City Hosp

E 96622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 W. Lexington ST. 19-01 WARD)

2-FULL NAME Cathrin Young

(a) RESIDENCE NO. 1620 W. Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel

DATE OF BIRTH (month, day, and year): Dec. 31-1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER: Jessie Royce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Elizabeth Young 476 Orchard St

15 Filed 4-25-1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22 19 33

17 I HEREBY CERTIFY, That I attended deceased from 12-19-33 to 12-22-33, that I last saw her alive on 12/22/33, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. J. Gaylord M.D.

19 (Address) 476 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 4/26/33

20 UNDERTAKER: Mrs. George H. Holland — ADDRESS: 1631 Druid Hill Ave

D. B. 1265-9 E 96623

E 96623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 N Smallwood St. 15-W Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Schnaper

(a) Residence: No. 1637 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Aaron

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Schnaper
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL Date 12/26 1933

19. UNDERTAKER Jos. Deutsch Sons
(Address) 1342 E. Baltimore St.

20. FILED 19 Registered No.

251333

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1933, to Dec. 25, 1933

I last saw him alive on Dec. 25, 1933 Death is said to have occurred on the date stated above, at 8 20 p.m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis — Date of onset 2 yrs.
Chr. Nephritis

Other contributory causes of importance:

Carcinoma of Stomach — 3 mos.

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. Samuels M. D.

(Address) 2128 W. North Ave

B. 1265-9

E 96624 E 96624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157-004

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2914 Westfield St. 37-41 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Ina R. Gentzler

(a) Residence: No. 2914 Westfield St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 15 1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Raymond Gentzler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Ina Ruhr

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Raymond Gentzler
(Address) 2914 Westfield St

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 12/26/33

UNDERTAKER Joseph Tyler
(Address) 1300 N Haven

FILED DEC 27 1933 Registrar Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1933 to Dec 24, 1933

I last saw h e alive on Dec 23, 1933 Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation Brain	6/15/33
Other contributory causes of importanre: Convulsions	12/24/33

Name of operation ..... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify .....

(Signed) John J. Veale, M. D.

(Address) 736 Mosher St

Spec.—5-19-13—M. & T.—500 Blks. E 96625

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96625

CERTIFICATE OF DEATH.

v 131

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1235 (St.) Druid Hill Ave (WARD) 11-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah W. Thomas

Residence in Baltimore: No. 1235 Druid Hill Ave St.; 2 yrs., 6 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Widow

6-DATE OF BIRTH, ... (Month) ..... (Day) 1843 (Year)

7-AGE, 90 yrs. ..... mos. ..... ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): do

9-BIRTHPLACE, (State or Country): Maryland

10-NAME OF FATHER: Walter Thomas

11-BIRTHPLACE OF FATHER (State or Country): Mol.

12-MAIDEN NAME OF MOTHER: Nellie Washington

13-BIRTHPLACE OF MOTHER (State or Country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Annie E. Hankins

(Address) 1235 Druid Hill Ave

15-

Filed ..... 19..... Registrar.

DEC 26 1933

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, ... Dec (Month) ..... 23 (Day) , 1933 (Year)

17-I HEREBY CERTIFY, That I attended deceased from Oct-1- 1933, to Dec 23 1933, that I saw her alive on Dec 21- 1933, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Senility

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S B O'Hagan M. D.

Dec 23, 1933 (Address) 1413 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, W. M. Malone — DATE OF BURIAL, 12/26, 1933

20-UNDERTAKER Lord & Thomas & Son — ADDRESS 638 N. Eutaw

D. B. 1268-9 E 96626 E 96626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Carroll Dare

(a) Residence: No. 1219 Madison Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1903

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Not Stated

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Not Recorded

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James S. Dare

(Address) 1737 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Dec 27, 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1321 Presstman St

DEC 26 1933 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-33. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-13-33, 19..., to 12-23-33, 19...

I last saw him alive on 12-23-33, 19... Death is said to have occurred on the date stated above, at 7 3/4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) William Carroll Dare M. D.

(Address) Provident Hospital

D. B. 1268-0 E 96627 E 96627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-01 Ward)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Jones

(a) Residence: No. 1365 Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Rae Jones

DATE OF BIRTH (month, day, year) Aug 1873

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Amelia Taylor

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Records Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 26 1933

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED DEC 26 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22 1933

22. I HEREBY CERTIFY, That I attended deceased from December 8 1933 to December 22 1933

I last saw him alive on December 22 1933 Death is said to have occurred on the date stated above, at 4:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) J. R. Magruder M. D.

(Address) Balt. City Hosp.

D. B. 1268-9 E 96628 E 96628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Bonkers St., 15-01 Ward)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Willie Bobbie Able

(a) Residence: No. 1522 Bonkers St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Able

DATE OF BIRTH (month, day, year): Feb 28-1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): S C

13. NAME: Porter Able

14. BIRTHPLACE (city or town) (State or country): S C

15. MAIDEN NAME: Sarah Mitchell

16. BIRTHPLACE (city or town) (State or country): S C

17. INFORMANT (Address): Mary Able 1522 Bonkers St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Dec 26, 1933

19. UNDERTAKER: Thomas E. Kelson
(Address) 1303 Pleasant St

20. FILED ..... 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1933 to 12-23, 1933

I last saw h[illegible] alive on Dec 23, 1933 10:45 a.m. Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day
Other contributory causes of importance:	
Myocarditis	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

Co. 5-31 250B

E 96629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Bruce St. 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Clara W Burris

(a) Residence: No. 1411 Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

If married, widowed, or divorced WIFE of (or) HUSBAND of Rozella Burris Died 3/21

DATE OF BIRTH (month, day, year) Aug 28, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stamper 23
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME James W. Burris

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lucy Beverly

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm B. Burris
(Address) 1411 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 28 1933

19. UNDERTAKER Thomas E. Kelsey
(Address) 1303 Pennsylvania Ave

20. FILED ..., 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/28, 1933, to 12/25, 1933
I last saw h... alive on 11/25/1933 death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Hoyt Chatty, M. D.
(Address) 2/350 Dr

—1-30—M. & T.—250 Bks. E 96630 E 96630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1032 S.Sharp St. ST., 23-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Pensel.

(a) RESIDENCE NO. 1032 S.Sharp St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of Carrie Pensel.

6 DATE OF BIRTH (month, day, and year) August 9, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	78	4	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cooper. 056

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John M. Pensel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Carrie Pensel. (wife)

(Address) 1032 S.Sharp St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 23, 1933

17 I HEREBY CERTIFY, That I attended deceased from December 20, 1933 to December 28, 1933

that I last saw him alive on December 28, 1933

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis.

Chronic Myocarditis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of the heart.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Reinhardt, M. D.

12/28/33 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park.

DATE OF BURIAL 12/26 1933

20 UNDERTAKER Wm Chas A & G Rohde

ADDRESS 2327 Edmondson Ave

D. P. 1268-9 E 96631 E 96631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. 1-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 S. Curley St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Ritterpusch

(a) Residence: No. 30 S. Curley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) Dec. 19. 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Albert J. Ritterpusch

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary T. Boehm

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Albert J. Ritterpusch (father)
(Address) 30 S. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date Dec. 26, 1933

19. UNDERTAKER HENRY SANDER & SONS, INC. H. Sander
(Address) Baltimore St. & Broadway

20. FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 '33, 19..., to Dec 23 '33, 19...

I last saw her alive on Dec 23 '33, 19... Death is said to have occurred on the date stated above, at 3.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/20/33
Other contributory causes of importance:	
Acute Myocarditis	12/22/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

12/ (Signed) H. B. Zetlow M. D.
12/24/33 (Address) 315 S. Highland Ave

E 96632

pec.—1-10-21—M&T—1500 Blks.

E 96632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

√ 92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 St. Myrtle Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charity Carter

(a) RESIDENCE NO. 1304 St. Myrtle Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Page Carter

DATE OF BIRTH (month, day, and year): Unknown 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	85			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: William Holley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Keyes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Page Carter 1304 Myrtle ave

15 Filed 12-26-1933, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1933

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Dec 24, 1933, that I last saw her alive on Dec 23, 1933, and that death occurred, on the date stated above, at 12.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Autopsy

(Signed) E. Williams Frey M. D.

12/26, 1933 (Address) 1928 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL 12/26, 1933

20 UNDERTAKER: Kemsley Funeral Home

ADDRESS 818

c—9-30—A. & Co.—250 Blks

E 96633 E 96633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 108

REGISTERED NO. 14-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hospt (St.) (Ward) 14-01

2-FULL NAME Georgianna Griffin

(a) RESIDENCE NO. 5073 Laurens St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR OR RACE Colored | Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1863

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Baltimore Md

10 NAME OF FATHER George Jones

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rachel Ann Bell

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

Informant Mary Wesley
(Address) 5073 Laurens St

Filed ..... 19 ..... Registrar

20 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1933

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Dec 23, 1933

that I last saw h er alive on Dec 23, 1933

and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ? ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Urinary

(Signed) J Greenlaw M. D.

12/26/33 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem | DATE OF BURIAL 12/26 19 33

20-UNDERTAKER Vernon P Wesley | ADDRESS 818 Druid Hill

D. B. 1268-9

E 96634

E 96634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 12-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 314 Southway St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Matilda Duvall

(a) Residence: No. 314 Southway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis M. Duvall

7. DATE OF BIRTH (month, day, year) Nov. 7, 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	84	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aredale Md

13. NAME Warner Routzahn

14. BIRTHPLACE (city or town) (State or country) Arcadia Md.

15. MAIDEN NAME Harriet A. Little

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Frank Harper

(Address) 314 Southway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 26 1933

19. UNDERTAKER Wm. Pickney Sons

(Address) Hotel Belvedere.

(Filed) DEC 29 1933 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1933 to Dec 24, 1933.

I last saw her alive on Dec 24, 1933. Death is said to have occurred on the date stated above, at 12.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Myocarditis	7yrs
Other contributory causes of importance: Arteriosclerosis Senility	7yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 627 W. Lanvale St

D. B. 1268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. J-36635

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 922 N. Collington ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.)

2. FULL NAME Katharine M. Busby
(a) Residence: No. 922 N. Collington ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry G. Busby
7. DATE OF BIRTH (month, day, year): July 7 1877
AGE: Years 55 Months 5 Days 16 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Horse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 37
12. BIRTHPLACE (city or town) (State or country): Md
13. NAME of father: John Probert
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME of mother: Elizabeth Hirst
16. BIRTHPLACE (city or town) (State or country): Balto. Md.
17. INFORMANT: Henry G. Busby 922 N. Collington ave
(Address)
18. BURIAL, CREMATION, REMOVAL Date 12/26, 1933
Place: Woodlawn Cem.
19. UNDERTAKER: Geo. C. Zimmerman & Son
(Address) 300 N. Eutaw St. Baltimore Md.
20. FILED DEC 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23- 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1933 to Dec 23 1933
I last saw her alive on Dec 23 1933 Death is said to have occurred on the date stated above, at 2:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2 Cerebral Hemorrhage 1st on Dec 4-1933- 2nd Dec 22nd	
Cardio-vascular-renal disease	3 yrs
Arterial Hypertension	3 yrs
Diabetes	
Senile Pneumonia	

Other contributory causes and importance:

Name of operation: Date of
What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis F. Himmelheber M. D.
(Address) 7222 Kenwood ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

966:36 E 966:36 X 210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital St., Long 5 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Robt McKenzie jr.

(a) Residence: No. Riverdale, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	✓

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 13, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	2	0	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

13. NAME Frank McKenzie Sr.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sadie A Hitchens

16. BIRTHPLACE (city or town) (State or country) Alton, Md

17. INFORMANT Linda McKenzie

(Address) Riverdale, Md.

18. BURIAL, REMOVAL OR CREMATION

Place Hyattsville Md. Date Dec 26 1933

19. UNDERTAKER J Rascia Long

(Address) Hyattsville Md

20. FILED DEC 26 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1933 to Dec 23, 1933

I last saw h alive on Dec 23, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12 | 23 | 1933

Where did injury occur Elkridge Hill, Washington Blvd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Auto Accident

Manner of injury Auto in which he was riding collided with another

Nature of injury Was riding collided with another

24. Was disease or injury in any way related to occupation of deceased? ✓

No If so, specify

(Signed) Hugh Phorny, M. D.

(Address) 2300 E Madison St

D. P. 1268-0

E 96637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital Wilkens + Caton ave St. 95 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Casimer Korzinski

(a) Residence: No. St. Mary's Industrial School St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 27-1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	11	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Frank Krzlewski
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Mrs Stella Reynard
(Address) 230 S Linwood St
18. BURIAL, CREMATION, OR REMOVAL Place Mt Standard Cem Date 10/27/33
19. UNDERTAKER Chas F Ivans & Son
(Address) 11 S Paca St
20. 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1933 to Dec. 25, 1933
I last saw him alive on Dec 25, 1933. Death is said to have occurred on the date stated above, at 7 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	
Mitral insufficiency + stenosis	
Cardiac Decompensation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl G Weibel, M. D.
(Address) Hospital

B. 1268-9 E 96638 E 96638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 14-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S. Mount St. St., 14-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Francis J. Baker.

(a) Residence: No. 126 S. Mount St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (WIFE of) Margaret A. Baker.

DATE OF BIRTH (month, day, year) August 6, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector for
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Co.
9. Date deceased last worked at this occupation (month and year) | 10. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmettsburg, Md.

13. NAME Louis Baker.

14. BIRTHPLACE (city or town) (State or country) Emmettsburg, Md.

15. MAIDEN NAME Katie Hemler.

16. BIRTHPLACE (city or town) (State or country) Emmettsburg Md.

INFORMANT Margaret A. Baker. (wife)
(Address) 126 S. Mount St.

BURIAL, CREMATION, OR REMOVAL
Place Rittenhouse Date 12/27, 1933

UNDERTAKER Chas. P. Ward & Son
(Address) Walbrook Baltimore
Huntington Williams, M.D.
Registrar

DEC 26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of the heart.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

12/26/33 (Address) 1017 E. Charles St.

No. S-H 250B

F 96639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 S. Newkirk St. St. 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Margaret Alice Voight

(a) Residence: No. 525 S. Newkirk St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 16, 1933

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jesse Thomas Voight

14. BIRTHPLACE (city or town) (State or country) Suffolk, Va.

15. MAIDEN NAME Catherine Hearl

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Jesse Voight. (Father)
(Address) 525 S Newkirk St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Mr 27, 1933

19. UNDERTAKER Tilly & Zeiler
Address 483 So Wolfe St

20. FILED 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mr 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mr 25, 1933 to Mr 26, 1933

I last saw her alive on Mr 26, 1933 death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	Mr 15 33
Chicken Pox.	

Other contributory causes of importance:

Acute Bronchitis Pneumonia

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) ... M. D.
(Address) 6016 Western Ave - Univ

D. B. 1268 E 96640 E 96640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 122-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 2-5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Dretcher.

(a) Residence: No. Shipleys a a. Co. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George Dretcher

DATE OF BIRTH (month, day, year) June 5th 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Octavio De Mariatti

14. BIRTHPLACE (city or town) (State or country) Italy.

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT George Dretcher

(Address) Shipleys a a. Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec 27 19 33

19. UNDERTAKER Lilly & Sons Inc.

(Address) 208 E. Lexington St.

DEC 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1933 to Dec. 24, 1933

I last saw her alive on Dec. 24, 1933 Death is said to have occurred on the date stated above, at 12 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset approximate
Intracanal ventral hernia (P.O.)	years.
Strangulated ventral hernia (P.O.)	12/13/33

Other contributory causes of importance:

Paralytic ileus

Terminal pneumonia

Name of operation Herniorrhaphy Date of 12/14/33

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. Dunkin M. D.

(Address) St. Agnes Hospital

D. B 1268-9

E 96641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V161-001

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. Eutaw Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby boy Schultz

(a) Residence: No. 23 N. Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-25-33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 21 min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Schultz

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Emma Schmidt

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital
(Address) 23 N Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Dec 24, 1933

19. UNDERTAKER Fells & Zeiler
(Address) 1638 W Baltimore

20. FILED 26 1933 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-12-25, 19 33, to 1.43 P.M. 12-25 19 33

I last saw ... alive on 12-25-33, 19 ..... Death is said to have occurred on the date stated above, at 1.43 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis bilateral	12/25/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Kaye M.D.

(Address) Md General Hospital

D. B. 1268-9

✓ E 96642

HEALTH DEPARTMENT—CITY OF BALTIMORE

612

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 49-01 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene Walker

(a) Residence: No. 224 N. Vincent St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia Walker

6. DATE OF BIRTH (month, day, year) June 8, 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garageman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Calvin Walker

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Caroline Shaw

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records (Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Mount Lebanon Date Dec 28, 1933

19. UNDERTAKER Joseph A. Sisk (Address) 1407 Lanvale St. Washington Funeral Home

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1933 to December 23, 1933

I last saw h[illegible] alive on December 23, 1933. Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) T P Magruder M. D.

(Address) Balt. City Hosp.

D. H 1268-B

V E 96643

HEALTH DEPARTMENT—CITY OF BALTIMORE

96643

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals 6-21 St., Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Holmes

(a) Residence: No. 812 E. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Holmes

6. DATE OF BIRTH (month, day, year) April 3, 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

13. NAME OF FATHER John Holmes

14. BIRTHPLACE (city or town) (State or country) Petersburg Va

15. MAIDEN NAME OF MOTHER Virginia Todd

16. BIRTHPLACE (city or town) (State or country) Roanoke Va

17. INFORMANT Records

(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Petersburg Va Date Dec 27 1933

19. UNDERTAKER Joseph A Lucky

(Address) 1123 W. Fayette St. Baltimore, Md.

Registrar.

61933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1933 to Dec. 27, 1933

I last saw him alive on Dec. 27, 1933 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I Phagel M. D.

(Address) Balt. City Hosp

B. 1268-9

E 96644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Richwood Ave St. 27-01 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Evelyn Sarah Bowlsby

(a) Residence: No. 704 Richwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of George M. Bowlsby

DATE OF BIRTH (month, day, year) Jan 10 1845

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	11	9	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Independence, (State or country) Wisconsin

13. NAME Elliott Carrico

14. BIRTHPLACE (city or town) Marshall Born (State or country) Tennessee

15. MAIDEN NAME Angeline Allen

16. BIRTHPLACE (city or town) Johnstown City (State or country) Tennessee

INFORMANT Evelyn M. Bowlsby

(Address) 704 Richwood Ave

BURIAL, CREMATION OR REMOVAL

Interment Date Dec 30 1933

Place Loudon Park

UNDERTAKER George Schumacher & Son

(Address) Monument & Mount Sts

FILED Dec 30 1933 Harrington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1933 to Dec 24 1933

I last saw her alive on Dec 24 1933 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	12-19 1933

Other contributory causes of importance: none

Name of operation X Date of .....

What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide no Date of injury X 19.....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) H. Van Williams M. D.

(Address) 3201 Guilford Ave

D. B. 1268-9 96645 ✓ E 96645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Kathland Ave St.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? 78 yrs. mos. ds.

2. FULL NAME Elizabeth Margaret Rider

(a) Residence: No. 4300 Kathland Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Rider

6. DATE OF BIRTH (month, day, year) Mar. 9. 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	81	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME John Duerr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Frank

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Cora A. Strauss

(Address) 4300 Kathland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Freedom Pa Date Dec 28. 1933

19. UNDERTAKER Mrs Wm. John N. Tenfelt & Son

(Address) 801 W. Fayette St.

20. FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1930 to Dec 25 1933

I last saw her alive on Dec 25 1933 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	3 yrs.
Other contributory causes of importance: Pulmonary Congestion	6 hrs.

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Geo A Strauss M. D.

(Address) 1800 N. Charles St.

D. B. 1268 L 96646 ✓ L 96646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. 26-8,

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Kathman

(a) Residence: No. 3215 Erdman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: John H Kathman

6. DATE OF BIRTH (month, day, year): August 16, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

7. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Hartman Roeder

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Barbara Drake Brown

16. BIRTHPLACE (city or town) (State or country): France

17. INFORMANT: Records
(Address): Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place: W of G Baltimore Date: Dec 27 1933

19. UNDERTAKER: Jos J Stevenson
(Address): 3501 Clifton Ave

20. FILED: Dec 28 1933 Registrar Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933 to December 27. 1933

I last saw h[illegible] alive on Dec. 27, 1933. Death is said to have occurred on the date stated above, at 7.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3
Myocardial Insufficiency	3 Mo
Other contributory causes of importance:	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury: , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury:
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I P Krapf, M. D.
(Address) Balt. City Hosp.

D. B. 1268-9

E 96647 ✓ E 96647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Lenore Ave. 70-001 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary H. Adams.

(a) Residence: No. 2228 Lenore Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Adams

DATE OF BIRTH (month, day, year) Dec 5th 1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61		19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME August. Kuhl

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mekenna.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Charles H. Adams

(Address) 2228 Lenore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/27/33

19. UNDERTAKER Chas. Sauer & Sons

(Address) 901 Gorsuch Ave

FILED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24/33

22. I HEREBY CERTIFY, That I attended deceased from 12/15 1933 to 12/24 1933

I last saw her alive on 12/24 1933. Death is said to have occurred on the date stated above, at 1:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac delalation & pulmonary edema	1 hr.
Other contributory causes of importance:	
Chronic myocarditis & hypertension	5 yrs.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles E. Cates M. D.

(Address) 47 N. Dulaney Ave.

D. B. 1268-9

E 96648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Little Sisters of Poor St. 10-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Patrick Norfolk

(a) Residence: No. The Sisters of the Poor 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Mary

DATE OF BIRTH (month, day, year) 17 March

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Thomas Moffett

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Bridget McNamara

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Supr
(Address) 1200 - Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Dec 27, 1933

19. UNDERTAKER P. J. Bazewski
(Address) 1930 Eastern Ave.

20. FILED 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 24 December 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933 to Dec 24 1933.
I last saw h alive on Dec 22 1933 Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
	?

Other contributory causes of importance:
Arteriosclerosis
Asthma

Name of operation Date of

What test confirmed diagnosis? Exp Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

D. P. 3268-9

VE 96649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

(649) 131 Registered No.

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton St. 76-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Lula Hittel

(a) Residence: No. 2016 Ramsay St.: Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Not Known.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Conrad Hittel
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Mary Flaig
16. BIRTHPLACE (city or town) (State or country) Balto Md
17. INFORMANT Mr. Peter Ferguson
(Address) 2016 Ramsay St
18. BURIAL, CREMATION, OR REMOVAL Date Dec. 28 1933
Place Cathedral Cem
19. UNDERTAKER Henry Storck Sons, Inc.
(Address) 301 E Eager St
Huntington Phillips
FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1933
22. I HEREBY CERTIFY, That I attended deceased from December 7, 1933 to Dec 25, 1933.
I last saw h[illegible] alive on Dec 25, 1933 Death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Nephritis	
Hypertension	
Pneumonia, hypostatic.	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John C. Dunler M.D.
(Address) St Agnes Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nettie Loving

(a) Residence: No. 621 S. Fremont ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) Oct. 23, 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	42	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Hampton Patten

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lillian Monroe

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Date 12/27 1933

19. UNDERTAKER Walter D. Suggs
(Address) 1911 Hamilton St.

20. 1933 Huntington Williams Nurse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933 to Dec. 20, 1933

I last saw her alive on Dec. 20, 1933 Death is said to have occurred on the date stated above, at 12.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1933
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

B. 1268-9

E 96651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No. 97

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Nard St St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rachael Thomas (C)

(a) Residence: No. 1416 Nard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced, HUSBAND of [illegible] or WIFE of Stephen Thomas.(C)

7. DATE OF BIRTH (month, day, year) May 17, 1867

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER Howard Johnson.(C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME OF MOTHER Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Stephen Thomas.(C) husband.

(Address) 1416 Nard St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cemet Date Dec 26 33

19. UNDERTAKER E Roy L Wilson

(Address) 1000 Brantley

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at 3.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Acute dilatation of the heart	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Reinhardt M. D.
Coroner

12/26/33 (Address) 1017 E. Charles St.

D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ B 96652

93-004

Registered No. 6652

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 17-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Murray

(a) Residence: No. 914 Dolphin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William Murray (Dead)

6. DATE OF BIRTH (month, day, year) October 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Nancy Kenney

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Friends

(Address) East Balto Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemet. Date Dec 28 1933

19. UNDERTAKER Emory O. Wilson

(Address) 1000 E Fayette

20. FILED Dec 29 1933 Registrar.

C 1553

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1933 to Dec 25 1933

I last saw her alive on Dec 25 1933 Death is said to have occurred on the date stated above, at 2:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial Insufficiency	?

Other contributory causes of importance:

Senility ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. P. Magee M. D.

(Address) East. Balto Hosp

B. 1268-9

E 96653

96653 HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1052 William St. 24-01 Ward)

gth of residence in city or town where death occurred 72 yrs. 10 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Robert Edward Davault

(a) Residence: No. 1052 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E Davault

ATE OF BIRTH (month, day, year) Feb 21 - 1861

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	72	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Rail Road Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) about 47 yrs ago

11. Total time (years) spent in this occupation 25 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Jacob Davault

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Kickuslaw

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Sarah E. Davault

(Address) 1052 William St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 28, 1933

UNDERTAKER John F Denny

(Address) 715 Lig ... St

81933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1933, to December 25, 1933

I last saw him alive on December 24, 1933. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	July 1933
Exhaustion	Weeks

Other contributory causes of importance:

Name of operation not any Date of ✓

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ✓

(Signed) ... M. D.

(Address) 301 East Cross St

D. B. 1268-9

E 96654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

PLACE OF DEATH

CITY OF BALTIMORE: (No. 253 E. Hamburg St. 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Laura Eliason

(a) Residence: No. 253 E Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar 6 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Calvert Co
(State or country) Md

12. NAME John E Gatten

13. BIRTHPLACE (city or town) St Marys Co
(State or country) Md

14. MAIDEN NAME Francis Allen

15. BIRTHPLACE (city or town) Calvert Co
(State or country) Md

INFORMANT John E Gatten Jr
(Address) 415 E Hamburg St

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec 27 1933

UNDERTAKER John F. Denny
(Address) 711 Light St.

FILED Huntington Williams, M.D.

26 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1933 to Dec. 24 1933

I last saw her alive on Dec. 23 1933. Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma Indefinite	
Other contributory causes of importance:	
Acute Dilatation of heart	12/23/33

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Campbell M. D.

(Address) 1647 Hanover St

B. 1265-9

E 96655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 6000 Benton Hts. Ave. St. 27-41 Ward)

th of residence in city or town where death occurred 14½ mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Thomas Benton Gatch

(a) Residence: No. 6000 Benton Hts. Ave. St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Josephine Forrester

ATE OF BIRTH (month, day, year) May 21, 1841

GE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
✓	92	7	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer and Court Clerk, Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (a) Dairy Farming (b) County Clerk's Office.

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Pasadena
(State or country) Balto. Co., Maryland

13. NAME Nicholas Gatch

14. BIRTHPLACE (city or town) Pasadena
(State or country) Balto. Co., Maryland

15. MAIDEN NAME Anna Maria Merryman

16. BIRTHPLACE (city or town) Baltimore Co.,
(State or country) Maryland

INFORMANT Miss Eleanor Gatch
(Address) 6000 Benton Hts. Ave.

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec. 27, 1933

UNDERTAKER Richard F. Cuzley
(Address) 700 E. Fayette St.

Dec 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1933, to Dec. 25, 1933

I last saw him alive on Dec. 25, 1933. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	12-23-33
Other contributory causes of importance:	
Trifacial Neuralgia (Hereditary)	1915
Pyelitis	1928

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. L. Wilkinson, M. D.

(Address) 2711 Reisterstown Road

D. B. 1268-9

E 96656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 E. 33rd. St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene L. Gooding

(a) Residence: No. 603 E. 33rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane C. Gooding

7. DATE OF BIRTH (month, day, year) Aug. 22-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lieutenant 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Police Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

13. NAME Eugene Gooding

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Jane C. Gooding

(Address) 603 E. 33rd. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec. 27-. 1933

19. UNDERTAKER Horace G. Burgee

(Address) 2631 Falls Road

Filed 19 Registrar.

DEC 6 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24-. 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Dec 24, 1933

I last saw h. alive on Dec 24-1933. Death is said to have occurred on the date stated above, at 8:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1931
Chronic Interstitial Nephritis	1931
Cerebral Hemorrhage	12-24-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur G Dorres M. D.

(Address) 800 W 33rd St

D. B. 1268-9

E 96657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Charles Fava

(a) Residence: No. 2135 N. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Fava

DATE OF BIRTH (month, day, year) March 17, 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bkry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

12. NAME Joseph Fava

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Jeanie Gambo

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT (Address) Friends Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Dec 27, 1933

UNDERTAKER (Address) Frank V. Pepetone 2118 E Baltimore

Huntington Williams M.D.

61933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1933 to December 27, 1933

I last saw him alive on December 27, 1933 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis - Non-Tuberculous	1 yr?
Other contributory causes of importance:	

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T Phrasel M. D.

(Address) Balt. City Hosp.

B. 1268-9

T 96658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1132 Forrest Street St., 10-01 Ward)

th of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME WILLIAM FARNHAM BENNETT

(a) Residence: No. 1132 Forrest Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	Married

(married, widowed, or divorced) HUSBAND of: Mary Hiser Bennett

ATE OF BIRTH (month, day, year) Dec. 27, 1868

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	:::	:::	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New Amsterdam Casualty Co.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Patrick Henry Bennett

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Sophie Farnham

16. BIRTHPLACE (city or town) (State or country) London England

INFORMANT Mary Hiser Bennett

(Address) 1132 Forrest Street

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 29, 19 33

UNDERTAKER Chas. E. Grace & Son

(Address) 118 W. Mt. Royal Ave

Washington Williams, Jr.
Registrar.

BL 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 19 33

22. I HEREBY CERTIFY, That I attended deceased from

, 19 ... I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	2 hrs
Hypertrophy of heart	1 yr

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James M Fenton M. D.
Coroner

(Address) 1006 Cathedral

B. 1268-9

E 96659

659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. University Hospital Ward)

gth of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ovsler, Frank

(a) Residence: No. Marrottsville Carroll Co Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mr.	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 10 1912

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) Dec 33 | 11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Hubert Ovsler

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary E. Richardson

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Hubert Ovsler

(Address) Marrottsville Md

BURIAL, CREMATION, OR REMOVAL

Place Westminster Md Date Dec 29 1933

UNDERTAKER Harr & Son Inc

(Address) Westminster Md.

1933 Registrar.

81933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-22-33, 19 to 12-26-33, 19

I last saw him alive on 12/26/33, 19 Death is said to have occurred on the date stated above, at 12 m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	12/22
Emphysema	

Other contributory causes of importance:

Acute Myocardial Failure	12/26

Name of operation Thoracotomy Date of 12/24

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H C Hull M. D.

(Address) University Hospital

No. S-H 2508

F 96660

96660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Aliceanna St. St. 2-01 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

43

FULL NAME Valeria Rakowski

(a) Residence: No. 1600 Aliceanna St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

12. NAME Teofil Sliwinski

13. BIRTHPLACE (city or town) (State or country) Poland

14. MAIDEN NAME Regina Markuszewska

15. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Bronislaus Rakowski (Son)

(Address) 1600 Aliceanna Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 27 1933

UNDERTAKER John J. Weber

(Address) 401 S. Chester St

FILED 1933 Huntington Williams, Clk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1933 to Dec. 23, 1933

I last saw h[illegible] alive on Dec. 23, 1933 death is said to have occurred on the date stated above, at 6:07 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Senility (Lft. Hemiplegia	
Thrombosis	
arterio Sclerosis	
Other contributory causes of importance:	

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Sawczowski M. D.

(Address) 3879 Eastern Ave.

B 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 118

PLACE OF DEATH

Y OF BALTIMORE: (No.) 3706 Milford Ave St. (Ward) 28-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Underwood Downs

(a) Residence: No. 3706 Milford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Feb 27-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt. Surveyor

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore

. NAME Wm H Downs Baltimore

. BIRTHPLACE (city or town) (State or country)

. MAIDEN NAME Sarah Underwood

. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

NFORMANT Estelle Hayes

(Address) 3706 Milford Ave

URIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Dec 28 1933

NDERTAKER Harry R. Weaver & Son

(Address) 420 E Fayette St

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said

have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	
Sudden	

Other contributory causes of importance:

Error of diet

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Evans M. D.

Coroner

(Address) Coroner

D. B. 1268-9

✓ E 96662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Baldwin

(a) Residence: No. 3213 Eastern Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Baldwin

6. DATE OF BIRTH (month, day, year) March 17, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 62

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME OF FATHER Eli Baldwin

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME OF MOTHER Mary Weer

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 26, 1933

19. UNDERTAKER
(Address)

20. FILED 26 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933, to Dec. 24, 1933.

I saw h[illegible] alive on Dec 24, 1933. Death is said to have occurred on the date stated above, at 9:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Nephritis, arteriosclerotic	
Myocardial insufficiency	6 mo

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) T. P. Hagner, M. D.

(Address) Balt. City Hosp.

D. B. 1268-0

✓ E 96663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 W Mulberry St. 18-04 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Parker

(a) Residence: No. 909 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/25/33

AGE	Years	Months	Days	If LESS than 1 day 17 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Argan Parker

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

15. MAIDEN NAME Katie Conner

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Katie Parker.

(Address) 909 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md. Date Dec 26, 1933

19. UNDERTAKER ...

(Address) ...

20. FILED ... Registrar

DEC 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1933 to Dec 25 1933

I last saw h.LM alive on Dec 22, 1933. Death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Data of onset ...

Other contributory causes of importance:

Premature separation placenta

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) H. Savage, M. D.

(Address) Univ. Hosp.

D. P. 1268-9

E 96664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ? Ward)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lavina Davis

(a) Residence: No. 312 20th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	?

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Lavina Davis

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Universal of Md Date Dec 26, 1933

19. UNDERTAKER
(Address)

20. FILED Dec 26 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1929 to Dec. 23, 1933

I last saw h.. alive on Dec. 23, 1933 Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Nephritis, interstitial	?
Other contributory causes of importance:	
Residual hemiplegia -	
Sen. & Old cerebral hemorrhage	3 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) T. P. Magruder, M. D.

(Address) Balt City Hosp

E 96665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward) 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roy Glines

(a) Residence: No. 412 E Baltimore St., Ward. Maine

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Elsie Glines (Leg)

6. DATE OF BIRTH (month, day, year) Feb. 26, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 12-3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bridgeton Maine

13. NAME Freeman Glines

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Rosetta Hazelton

16. BIRTHPLACE (city or town) (State or country) Maine

INFORMANT Friends

(Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Dec 26, 1933

UNDERTAKER Huntington Williams

(Address)

FILED DEC 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1933 to Dec. 25, 1933

I last saw him alive on Dec 25, 1933 Death is said to have occurred on the date stated above, at 10 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	7 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I P Nagel, M. D.

(Address) Balt. City Hosp.

D. B. 1268-8

E 96666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Pullie Jones Reidt

(a) Residence: No. Essex, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas Reidt

6. DATE OF BIRTH (month, day, year) March 25, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Wallace Jones

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Kate ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Wallace Reidt
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Morelands M. Pk. Date Dec. 27 1933

19. UNDERTAKER John S. Connelly
(Address) Essex, Md.

20. Filed 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933 to Dec 24, 1933

I last saw her alive on Dec 24, 1933 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency (congestive)	Dec 22
Other contributory causes of importance:	
Diabetes Mellitus	1926
Arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Allen Deckert M. D.

(Address) Woman's Hospital

B. 1268-9

E 96667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2336 N. Calvert St. 12-9 Ward)

gth of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Howard Sanford Swank

(a) Residence: No. 2336 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Morrow Swank

ATE OF BIRTH (month, day, year) February 26, 1878

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	54	9	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR
8. Date deceased last worked at this occupation (month and year) Nov. 1921
11. Total time (years) spent in this occupation 18 yrs

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Thaddeus H. Swank
14. BIRTHPLACE (city or town) Milledgeville
(State or country) Georgia
15. MAIDEN NAME Theresa Barte
16. BIRTHPLACE (city or town) Norfolk
(State or country) Va.

INFORMANT Mrs. Agnes Morrow Swank
(Address) 2336 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Dec. 26, 1933

UNDERTAKER Robt H. Cook
(Address) 1003 W. Baltimore St.

1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1933, to 12-23, 1933

I last saw him alive on 12-22, 1933. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BACTERIAL ENDOCARDITIS (STREPTOCOCCUS)	7-33 ?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? BLOOD CULTURE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.
(Address) 1129 St. Paul St.

D. B. 1268-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ B 96668

93-006

Registered No. 19-01

PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S. Norris St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ferdinand P. Smith

(a) Residence: No. 208 S. Norris St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. F. Smith (nee Ganz)

DATE OF BIRTH (month, day, year) March 21, 1856.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.&O.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Smith

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Mary L. F. Smith

(Address) 208 S. Norris St.

BURIAL, CREMATION, OR REMOVAL

Place National Date 12/29/33 19

UNDERTAKER Harry A. Reitzle

(Address) 4101 Edmondson Ave

Washington Funeral Home, N.T. Registrar.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933 to Dec 25, 1933

I last saw him alive on Dec 25, 1933. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	12/24/33

Other contributory causes of importance:

Acute myocardial failure

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. C. Feldman M. D.

(Address) 1420 E. Baltimore St.

4

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

MF 96669

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. South Baltimore Gen'l Hospital St. ..... Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Charles J. Wardesty

(a) Residence: No. 417 Cromwell Ave, Brooklyn. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	widower

If married, widowed, or divorced

HUSBAND of (or) WIFE of Elizabeth J.

ATE OF BIRTH (month, day, year) Oct. 10, 1862

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Calvert, Co.

3. NAME Elmer Wardesty

4. BIRTHPLACE (city or town) (State or country) Calvert Co.

5. MAIDEN NAME Elizabeth Boyd

6. BIRTHPLACE (city or town) (State or country) Calvert, Md.

INFORMANT Jesse Wardesty

(Address) 1944 Harlem Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/27, 1933

UNDERTAKER Milton Schilling

(Address) 422 E. Fayette Street, Huntingtown Maryland

61933 ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at (m.

The principal cause of death and related causes of importance were as follows:

Comp. Fracture of Skull — Date of onset .....

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/25, 1933

Where did injury occur? Harwood & Fairmount Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place South Calvert St.

Manner of injury Struck by auto while walking across street

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Phelps M. D. Coroner

(Address) 1222 E. Madison St.

D. B. 1268-9

✓ E 96670

(96670)

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 W-27th St. 12-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Peter Schneider,

(a) Residence: No. 331 W-27th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Schneider

6. DATE OF BIRTH (month, day, year) May 7 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Catherine Schneider,
(Address) 331 W-27th St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Dec 29, 1933

19. UNDERTAKER Greenwalt & Son
(Address) 2615 Eastern Ave.

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20. 1933 to Dec 26 1933
I last saw him alive on Dec 26 1933 Death is said to have occurred on the date stated above, at 10 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	sudden
Other contributory causes of importance: Uremia Arteriosclerosis	indefinite

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Richardson M. D.

(Address) 117 W. 23rd St

B. 1268-9 E 96671 E 96671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3249 Grunmount St., (Ward) 40

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Alice L Ackhurst

(a) Residence: No. 3249 Grunmount St., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A Ackhurst

DATE OF BIRTH (month, day, year) Dec 14 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	0	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ...

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME (Maiden) Blakely

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Hohmann

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Edgar D Ackhurst

(Address) 3249 Grunmount

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 12/27 '33

UNDERTAKER Wm Cook

(Address) 1219 E Fayette St

FILED 1933 Huntington Williams Hall

27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 0 1933 to Dec 24 1933

I last saw her alive on Dec 23 1933 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Senescence	Dec 10

Other contributory causes of importance:

Pneumonia Bronchial

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Geo L Zimmerman M. D.

(Address) 1806 Harford Rd.

D. B 126-0 E 96672 E 96672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton aves.-01 St., 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel McGillowaig

(a) Residence: No. 1232 1 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced ~~HUSBAND OF~~ ~~(or WIFE OF)~~

DATE OF BIRTH (month, day, year) About 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tiler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marble Business
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Daniel Joseph McGilloway

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Emily Kavanaugh

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Margaret T. Cochran
(Address) 2321 N. Monroe St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 28th 1933

UNDERTAKER Wm Cook
(Address) 1217 W Fayette St.

FILED [illegible] 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1933, to Dec 26, 1933
I last saw him alive on Dec 26, 1933 Death is said to have occurred on the date stated above, at 5 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema (acute)	12/24/33
Other contributory causes of importance:	
Myocarditis (chronic)	?

Name of operation None Date of —
What test confirmed diagnosis Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) John C. Dunlop M. D.
(Address) St Agnes Hospital

E 96673

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96673

107-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3020 Remington St. 12-01 Ward)

th of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Marella Sullivan

(a) Residence: No. 3020 Remington St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 12/6/31

GE Years	Months	Days	If LESS than 1 day, hrs or min
2 yr.	0	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Edw Sullivan

14. BIRTHPLACE (city or town) U. S.
(State or country)

15. MAIDEN NAME Mary Meehan

16. BIRTHPLACE (city or town) U. S.
(State or country)

INFORMANT Mr Ed. Sullivan
(Address) 3020 Remington

BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Dec 27th 1933

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 12-27-1933 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/20/33, 19 ..., to 12/25/33, 19 ....

I last saw h[illegible] alive on 12/24/33, 19 .... death is said to have occurred on the date stated above, at 7 P. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Broncho Pneumonia	12/17/30
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H W Williams, M. D.

(Address) 321 E 25

B 1268-6 96674 / B 96674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of Poor St., 10-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John F. Buckheimer

(a) Residence: No. Upper Valley 1201 Valley St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced, HUSBAND of (or WIFE of) Lillie Buckheimer

DATE OF BIRTH (month, day, year) June 3rd 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

8. Date deceased last worked at this occupation (month and year) / 11. Total time (years) spent in this occupation /

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Peter Buckheimer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Hannah Butt

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT A. W. Perryman

(Address) 2616 Md Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Date Dec 27th 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

FILED DEC 28 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Dec 26 1933

I last saw him alive on Dec 24 1933. Death is said to have occurred on the date stated above, at 10.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2

Other contributory causes of importance:

Chronic Nephritis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. E. Carter, M. D.

(Address) 1201 Park Ave

D. B. 1268-9

E 96675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

PLACE OF DEATH Sinai Hosp.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Norman Solomon

(a) Residence: No. 4729 Reisterstown Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Nov. 4 / 33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Adolph Solomon

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sylvia Rochkind

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Adolph Solomon

(Address) 4729 Reisterstown Rd

BURIAL, CREMATION, OR REMOVAL

Place New Washington Md Date Dec 27 1933

UNDERTAKER Sol Levinson & Bro

(Address) 1212 E Balto St

FILED Dec 27 1933 Stanley Whitaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26-33 19

22. I HEREBY CERTIFY, That I attended deceased from 11-23-33 19 to 12-26-33 19

I last saw him alive on 12-26-33 19 Death is said to have occurred on the date stated above, at 10:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Leukemia, Pneumo Type I	
Bleeding Ulcer, Melena, Hematemesis	
Toxic Hepatitis & Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lawrence Kahrenstein M. D.

(Address) Sinai Hospital

30—M & T.—250 Blks.

E 96676

E 96676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 75

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Holabird Q.M.Depot, ST. 76-01 WARD)

FULL NAME Percy B. Underhill. (6100152)

RESIDENCE NO. Pvt 1cl. Co."A" 1st M.R.Bn. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

If residence is city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
White	Single

If married, widowed, or divorced
HUSBAND of
OR WIFE of

DATE OF BIRTH (month, day, and year) Sept. 4, 1901.

Years	Months	Days	If LESS than 1 day, hrs. or min.
ty-two	3	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soldier

(b) General nature of industry, business, or establishment in which employed (or employer)

Name of employer U. S. Army

(c) BIRTHPLACE (city or town) Brockton,
(State or country) Mass.

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

Informant U.S.Army Service Record.
(Address) Holabird Q.M.Depot.

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25, 1933.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1933, to Dec. 25, 1933,

that I last saw him alive on December 25, 1933,

and that death occurred, on the date stated above, at 12:50 P. m.

The CAUSE OF DEATH* was as follows:

Acute Oedema of lungs. 2 Hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism.
Unknown. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? xxx

Did an operation precede death? no Date of ---

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Baxter R. Hunter, Major, M.C., USA. M. D.

12/26, 1933 (Address) Holabird Q.M.Depot.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	Dec 27, 33
20 UNDERTAKER	ADDRESS, 127 E Balto St
Sol Levinson & Bro	

B. 1268-9 L 96677 L 96677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH Sinai Hospital

TY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Louis Block

(a) Residence: No. 1803 N. Bentalou St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Eva - Winder

DATE OF BIRTH (month, day, year) 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Goetzel Block

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Cecelia Bernstein

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Rubin Block

(Address) 870 Brooks Lane

BURIAL, CREMATION, OR REMOVAL

Place Mt. Washington Rd Date Dec 27, 1933

UNDERTAKER Sol Levinson + Bro

(Address) 1122 Bolton St

FILED ..., 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1933 to Dec. 26, 1933

I last saw h~~im~~ alive on Dec 26, 1933 Death is said to have occurred on the date stated above, at 12.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	Dec 24, 1933

Other contributory causes of importance:

Chronic myocarditis

Name of operation ..... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Samuel Legum M. D.

(Address) Sinai Hospital

D. B. 1268-9 E 96678 E 96678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-01 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ellen Rogers

(a) Residence: No. 1119 Druid St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Rogers (Dead)

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Accomac Co Va

12. NAME John Brisco

14. BIRTHPLACE (city or town) (State or country) Accomac Co Va

15. MAIDEN NAME Logan Wise

16. BIRTHPLACE (city or town) (State or country) Accomac Co Va

INFORMANT Records (Address) Balt. City Hospitals

BURIAL, CREMATION, OR REMOVAL

Place Johnson Lan Date 12/27/33 19

UNDERTAKER Wm R Skupp

(Address) 132 N Edmondson

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1933 to December 24, 1933

I last saw her alive on Dec. 24, 1933 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	?
Senile dementia	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phaggle M. D.

(Address) Balt City Hosp

B. 12652 E 96679 E 96679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1611 N. Caroline St., 8-01 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Wm T. May

(a) Residence: No. 1611 N. Caroline St., ... Ward. 50 yrs.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Ann C. May

ATE OF BIRTH (month, day, year) Sept 19 63

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	3	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor of Divinity

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 018

BIRTHPLACE (city or town) (State or country) Bruce Newfoundland

12. NAME Wm May

14. BIRTHPLACE (city or town) (State or country) Newfoundland

15. MAIDEN NAME Eliz. Moreau

16. BIRTHPLACE (city or town) (State or country) Newfoundland

INFORMANT Francis J. May

(Address) 1611 N. Caroline St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 27, 1923

UNDERTAKER Rita Wiedefeld

(Address) 11 Pennsylvania Ave

Huntingdon Pennsylvania

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1923

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 23, to Dec 25, 1923

I last saw him alive on Dec 24, 1923. Death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	
Other contributory causes of importance:	
Ileus	

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

12 26 23 If so, specify .....

(Signed) R. P. Carmen, M. D.

(Address) 1707 N. Caroline St

E 96680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96680

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2232 Mondawmin St., 12 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 38 yrs. mos. ds.

FULL NAME Retta Rosa Holman

(a) Residence: No. 2232 Mondawmin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Harris Holman

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

BIRTHPLACE (city or town) (State or country) R.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Charles Schwartzman

(Address) 2232 Mondawmin

BURIAL, CREMATION, OR REMOVAL

Place Jewish Cemetery Date 12/27/33 19

UNDERTAKER Joel Davis Inc

(Address) 1434 E. Baltimore St.

FILED 12/27/1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4 1922 to Dec. 26 1933

I last saw her alive on Dec. 26 1933 Death is said to have occurred on the date stated above, at 9 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

Chr Coronary Insufficiency

Other contributory causes of importance:

Chr Myocarditis

Diabetes Mellitus

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Hoopes M. D.

(Address) 2102 W. Lafayette Ave

1268-9 E 96681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96681

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
OF BALTIMORE: (No. Provident Hosp St., 17-9 Ward)

(a) Residence: No. ..... St., ... Ward.
(If non-resident give city or town and State)

FULL NAME Emma Jones

(a) Residence: No. 504 Orford St., ... Ward.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

7. AGE: Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 870

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) Baltimore
(State or country) Md

10. NAME of father

BIRTHPLACE (city or town) Md
(State or country)

MAIDEN NAME of mother Bettie Pratt

BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Mrs Barry
(Address) 504 Orford

BURIAL, CREMATION, OR REMOVAL Date 12/27 1933

Place Mt Calvary

UNDERTAKER Geo W. T. Bowles & Son

(Address) 57 N Bond St

Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 33

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
four hours	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Polk Brooke, M. D.
Coroner

(Address) .....

D. B 1268-9

E 96682

E 96682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John Michalski (or Mitchell)

(a) Residence: No. 907 Binney Rd St., ... Ward. Halstead 5

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of [redacted] Mary Michalski

DATE OF BIRTH (month, day, year) 8/6/1895

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 074

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Frank Machalabe

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Lena ?

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Dec 27 d. 1933

UNDERTAKER George A. Weber

(Address) 765 S. Ann St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16 1933 to Dec. 25 1933

I last saw him alive on Dec. 25 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer (malignant) diaphragm, liver & intestines	12-16-33
Peritonitis	12-16-33
Pneumonia Pleurisy	12-20-33
Pericarditis	12-24-33
Intestinal obstruction - secondary to adhesions of peritonitis	

Other contributory causes of importance:

Duration history is 6 mos. Had all symptoms & was perforated 9 hours before operation.

Name of operation Closure of perforation + gastrostomy Date of 12-16-33

What test confirmed diagnosis? Operation Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Edwards M. D.

(Address) John Hopkins Hospital

O. B. 1268-9 E 96683

E 96683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Balt. City Hosp. St. 26-01 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Frank Pogoniak

(a) Residence: No. 3417 Aisquith St., ... Ward. Baltimore.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale.	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 4th 1899

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector 56

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory (bathtub)

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 6 yrs.

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Pogoniak

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT John Baranowski

(Address) 3417 Aisquith St

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Dec 28 19 33

UNDERTAKER George J. Weber

(Address) 120 S. Ann Street

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24 19 33

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 19 33 to Dec 24 19 33

I last saw him alive on Dec 24 19 33 Death is said to have occurred on the date stated above, at 10:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis.	Feb '33
Other contributory causes of importance:	over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. A. Cassidy. M. D.

(Address) Balto City Hosp.

D. F. 1268-9

Recd. Camel

96684

HEALTH DEPARTMENT—CITY OF BALTIMORE

96684

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 Division St., 14-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Anna Camel

(a) Residence: No. 1837 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wesley Veney

DATE OF BIRTH (month, day, year) Aug 12 1859

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Richard Camel

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Washington

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Rosa Lee Shi

(Address) 1837 Division St

BURIAL, CREMATION, OR REMOVAL 12-28-33

Place Richmond Cemetery

UNDERTAKER Thomas E. Phelps & Co

(Address) 1837 Division St

FILED DEC 27 1933 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933 to Dec 26, 1933

I last saw her alive on Dec 25, 1933. Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Jan 5/33
Other contributory causes of importance: Broncho Pneumonia	Dec 20/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) E W Wilson M. D.

(Address) 1928 Pennsa Ave

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96685 E 96685

93-001

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1121 Longwood St. 16-01 Ward)

gth of residence in city or town where death occurred 48 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Clement Walker Brockman Jr

(a) Residence: No. 1121 Longwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed or divorced HUSBAND (or) WIFE Anna M. Brockman

DATE OF BIRTH (month, day, year) July 21 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. Kutz Co
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Charlottesville Va

13. NAME OF FATHER Clement W. Brockman Sr.

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Anna Gibney

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Mrs Anna M. Brockman

(Address) 1121 Longwood St.

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Dec 28 1933

UNDERTAKER Wm Fischer Sons

(Address) North & Pa Aves

FILED DEC 27 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 20. 1933. to Dec 26 1933

I last saw h... alive on Dec 26 1933. Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Nov 20

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. G. Lally M. D.

(Address) 351 Edmondson Ave

. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96686 V131 E 96686

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 438 Rosebank ave St. 27-91 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Saloma Rohlfing

(a) Residence: No. 438 Rosebank ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Rohlfing

DATE OF BIRTH (month, day, year) Dec. 26-1857

GE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
75	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Justus C. Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna M. Buckheit

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Magdelene Rohlfing

(Address) 438 E. Rosebank Ave.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec 28, 1933

UNDERTAKER George W. Zubler

(Address) 1737 E. Eager St

FILED 12-27-1933 Huntington Title Insurance, Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1933 to Dec. 24, 1933.

I last saw her alive on Dec. 22, 1933. Death is said to have occurred on the date stated above, at 11.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular-renal Disease	Few years ago

Other contributory causes of importance:

Uremia	3 days ago

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Sorrosman M. D.

(Address) 2340 Eutaw Pl

D. B. 1268-9 E 96687 E 96687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 655 Bartlett Ave St., 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. James Thomas Hart

(a) Residence: No. 655 Bartlett Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Fannie Booth Hart

6. DATE OF BIRTH (month, day, year) Dec 24 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	11	1928	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oxford M E Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James T. Hart

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Jane Maclure

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Fannie Booth Hart
(Address) 655 Bartlett Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Dec 27 1933

19. UNDERTAKER Philip Henry Sons
(Address) 2016 Eutaw St

Filed ... 19 ... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 28 to Dec 23 1933

I last saw him alive on Dec 23 1933 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic regurgitation	Before 1929
Other contributory causes of importance: Cardiac decompensation	Dec 1 1933

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M Settle M. D.

(Address) 2438 Mary Land Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 149-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Baltimore Ward) 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ELIZABETH TAYLOR

(a) Residence: No. 1316 N. MOUNT ST St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) JUNE 26, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Raymond Taylor

14. BIRTHPLACE (city or town) (State or country) St Marys Co Maryland

15. MAIDEN NAME Emma Riggle

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Raymond Taylor
(Address) 1316 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Dec. 28. 1933

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Pressman St

20. FILED Registrar.

DEC 27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) DECEMBER 25. 1933

22. I HEREBY CERTIFY, That I attended deceased from DECEMBER 20. 1933 to DECEMBER 25. 1933

I last saw her alive on DECEMBER 25 1933. Death is said to have occurred on the date stated above, at 4.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	12-25-33

Other contributory causes of importance:
Patient got out of bed following surgical anesthesia and collapsed.

Name of operation Incd. fragm. epigastric hernia Date of 12-24-33

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. E. Savage M. D.

(Address) Univ. Hosp.

B. 1268-9

96689

E 96689

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1026 N Fulton Ave St., 17 Ward)

h of residence in city or town where death occurred 66 yrs. 7 mos. 24 ds. How long in U. S. If of foreign birth? 66 yrs. 7 mos. 24 ds.

FULL NAME Mary Pumphrey

(a) Residence: No. 1026 N Fulton Ave St., Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widow

married, widowed, or divorced) HUSBAND of or WIFE of Robt. B Pumphrey

TE OF BIRTH (month, day, year) May 1 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year) [illegible] 11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Balto. Maryland

NAME David McCurdy

BIRTHPLACE (city or town) (State or country) Scotland

MAIDEN NAME Agnes Blair

BIRTHPLACE (city or town) (State or country) Baltimore

NFORMANT Mrs Edw. Hartlett (daughter)

(Address) 1026 N. Fulton Ave

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Dec 27 1933

NDERTAKER [illegible]

(Address) [illegible]

FILED Jan 29 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19[illegible]

I last saw h[illegible] alive on [illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Pregnancy

Cerebral Hemorrhage Sudden — Date of onset

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury [illegible] 19[illegible]

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner M. D.

(Address)

E 96690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 107-001

Registered No.

PLACE OF DEATH Edgewood Sanitarium

CITY OF BALTIMORE: (No. 6000 Bellona Ave St. 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 15 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Capt. James Mitchell Tyler

(a) Residence: No. 6000 Bellona St., Ward Manhasset L.I. New York
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed or divorced, HUSBAND of (or) WIFE of Byrd Dickerson Tyler

DATE OF BIRTH (month, day, year) May 16 1839

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

BIRTHPLACE (city or town) (State or country) Morgantown Kentucky

13. NAME John Tyler ? ?

14. BIRTHPLACE (city or town) (State or country) America

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mr. W. Lee Barclay (son-in-law)

(Address) 425 Hawthorne Road

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 27 1933

UNDERTAKER Edward W. Conn Company

(Address) Edmondson Ave. Balto

FILED DEC 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1933

22. I HEREBY CERTIFY, That I attended deceased from July 27 1933 to Dec 25 1933

last saw him alive on Dec 25 1933 Death is said to have occurred on the date stated above, at 11-30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Arteriosclerosis	?
Senile Bronchitis, Broncho-Pneumonia ?	12/23/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Gibson Porter M. D.

(Address) 4822 Roland Ave

D. B. 1968-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96691 94 96691

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 5444 Frederick Road St. 28-01 Ward)

gth of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Clarence Horatio Oldson

(a) Residence: No. 5444 Frederick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza Wise

DATE OF BIRTH (month, day, year) Sept. 15, 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sect.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Horatio Gates Oldson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ellen S. Wise

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Eliza W. Oldson
(Address) 5444 Frederick Road

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem'y Date 12/28/33 19

UNDERTAKER Mitchell & Sons Inc.
(Address) 1900 Eutaw Place

FILED DEC 27 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 23 to Dec 26 1933
I last saw him alive on Dec 20 19 33 Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance:	
Angina Pectoris	1 year
Coronary Cardiac Dilatation	20 mos

Name of operation None Clinical Date of .....
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) George L. Wiseman M. D.
(Address) 4000 Edmondson Ave.

B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 366592

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 608 Cator Ave. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Florence R. C. Higgins

(a) Residence: No. 608 Cator Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Jesse Higgins

DATE OF BIRTH (month, day, year) April 26, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country) York Co. S. C.

13. NAME John M. Caldwell

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Pamela Howell

16. BIRTHPLACE (city or town) (State or country) S. C.

INFORMANT Mr. Palmer T. Higgins
(Address) 608 Cator Ave.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 12/27/33.

UNDERTAKER John A. Mitchell & Son Inc.
(Address) 1900 Eutaw Place

FILED [illegible] 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 . 1933 to Dec. 25 . 1933
I last saw her alive on Dec 24 . 1933 Death is said to have occurred on the date stated above, at 1.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1931
Other contributory causes of importance: Cerebromalacia	1933

Name of operation Removal of breast Date of 1931
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. M. Berle . M. D.
(Address) 2435 Maryland AVe.

B. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-003

PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 76-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jacob E. Miller

(a) Residence: No. 104 S. Augusta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie V. Barton

DATE OF BIRTH (month, day, year) Aug. 3, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	22	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret'd

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Woodstock Md.

13. NAME Peter Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Nancy Cavey

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mr. Holland E. Miller

(Address) 2902 Montebello Terrace

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem'y Date 12/28/33 19

UNDERTAKER J. O'Metcalf & Sons Inc.

(Address) 1900 Eutaw Place

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1933 to Dec. 25, 1933

I last saw h.. alive on Dec. 25, 1933 Death is said to have occurred on the date stated above, at 12 midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	12/23/33
Other contributory causes of importance:	
Chronic Myocarditis —	?
Arteriosclerosis —	?

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) John C. Dunbar M. D.

(Address) St. Agnes Hospital.

B. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2539 W. North Ave. St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Laura Virginia McGee

(a) Residence: No. 2539 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Cowan McGee

DATE OF BIRTH (month, day, year) June 5, 1850

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME Wm. Delphey

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Mitten

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mr. Frank D. Walter
(Address) 3002 Prestman St.

BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemy. Date 12/27/33 19

UNDERTAKER John O. Mitchell & Sons Inc.
(Address) 1900 Eutaw Place

FILED 19 Registrar.

DEC 27 1933 Lexington Institute, N.W.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 33. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1933. to 1933.

I last saw her alive on Dec 25, 1933. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-vascular Renal disease	20-?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical & Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1123 Poplar Grove St.

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 36695

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto City Hospitals (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Peter C Jonasson

(a) Residence: No. 108 n Janney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	W	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Jonasson

TE OF BIRTH (month, day, year) Dec 4 1884

E Years	Months	Days	If LESS than 1 day, hrs. or min.
49	—	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

Industry or business in which work was done, as silk mill, saw mill, bank, etc

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Germany

. NAME Andrew Jonasson

. BIRTHPLACE (city or town) (State or country) Germany

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Mrs Mary A Jonasson

(Address) 108 n Janney St

URIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Dec 27 1933

NDERTAKER John F Denny

(Address) 715 Lig at St

LED Dec 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1933

22. I HEREBY CERTIFY, That I attended deceased from — — 19 to — 19

I last saw h — alive on — 19 Death is said to have occurred on the date stated above, at 1.35 a m

The principal cause of death and related causes of importance were as follows:

Fractured Skull — accidental

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 12-24 1933

Where did injury occur? On Phila Rd v Bo & R R
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by P R Engine

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) C. F. Kemp M D M. D.
Coroner

(Address) 605 N. Fallsway

D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. 96596

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Albert Cappelletti

(a) Residence: No. 5605 Traymore Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Christine Cappelletti

DATE OF BIRTH (month, day, year) April 19 —

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Frank Cappelletti

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosa Mastoza

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Records
(Address) Balto. City Hospitals

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec 28 1933

UNDERTAKER John Lellnick
(Address) 2008 Allison

FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/16 . 1933 to 12/25 . 1933

I last saw h~~im~~ alive on 12/25 . 1933 Death is said to have occurred on the date stated above, at 12:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status epilepticus.	12/24/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Tobias Weinberg M. D.

(Address) Balto. City Hosp.

H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66697 — 210-001 — Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Union Memorial Hospital St. 3601 Ward)

(b) If of residence in city or town where death occurred, how long? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George C. Dunbert

(a) Residence: No. 1518 N Madeira St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Gladys J.

DATE OF BIRTH (month, day, year) Sept. 17, 1908

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	3	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales Electric
Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME George R. Dunbert

BIRTHPLACE (city or town) (State or country) Balto.

MAIDEN NAME Mary Arnold

BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Mrs. Gladys Dunbert
(Address) 1518 N. Madeira St

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Dec 27. 1933

UNDERTAKER John Leeseh & Sons
(Address) 2201 Arlington Ave

FILED Dec 27 1933 Herbert H. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23. 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at [redacted] m.

The principal cause of death and related causes of importance were as follows:

Lacerated left femoral artery

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis: none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/23. 1933

Where did injury occur? In front of 4402 Frederick Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Squeezed between two trucks

Nature of injury Front of auto truck collided with st.

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 200 E Madison St.

. B. 1268-9

96698 HEALTH DEPARTMENT—CITY OF BALTIMORE 96698

CERTIFICATE OF DEATH

34

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 317 Lorain 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Caroline Lee

(a) Residence: No. 317 Lorain St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward S. Lee.

ATE OF BIRTH (month, day, year) Aug 13 - 1890

GE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	43	4	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME of Father Geo. Lenz

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME of Mother Wiedenhaus

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT Mr. Geo. Lenz
(Address) 317 Lorain

BURIAL, CREMATION, OR REMOVAL
Place Cypress Hill Date 12/29 1933

UNDERTAKER J. F. M. Stanley
(Address) 1302 Fulton Ave

Filed 1933 Registrar.

C 271933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26-1933

22. I HEREBY CERTIFY, That I attended deceased from 12/21, 1933, to 12/26, 1933

I last saw her alive on 12/26, 1933 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency & Stenosis of Lues	

Other contributory causes of importance:

Cardiac Decompensation
Pulmonary embolism Left

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. A. Bauman M. D.

(Address) Community Hospital

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 46

PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 9-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Louis Spiegel

(a) Residence: No. Fullerton Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 11 1900

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

13. NAME Leonard Spiegel

14. BIRTHPLACE (city or town) Unknown
(State or country) Germany

15. MAIDEN NAME Annie Cross

16. BIRTHPLACE (city or town) Balto
(State or country) Maryland

INFORMANT William J. Spiegel
(Address) Fullerton Md

BURIAL, CREMATION, OR REMOVAL
Place St. Josephs Cemetery Date Dec. 28 1933

UNDERTAKER Frederick Lassahn Sons
(Address) 7401 Belair Road

FILED Huntington Williams Registrar
27 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25 1933

22. I HEREBY CERTIFY, That I attended deceased from December 18 1933 to December 25 1933
I last saw h alive on December 25 1933 Death is said to have occurred on the date stated above, at 10 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	
Peritonitis	
Ind enterostomy	
Exhaustion	
Syphilis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E M Magruder M. D.
(Address) St. Joseph's Hospital Baltimore, Md.

B. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80705 Gyn. 115-001

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 1-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Beatrice Mclouk

(a) Residence: No. 1608 Milliman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Md. 8/2/1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	-4	-7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John McCook

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Keightley

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md. Date Dec 29 1933

UNDERTAKER Robert J. Wilkins
(Address) 16-18 N. Eutaw St.

FILED Dec 29 1933, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-20-, 1933, to 12-24-, 1933

I last saw her alive on 12-24-, 1933. Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sore throat	12/16/33
Pneumonia, Streptococcal	12/17/33
Septicemia, "	12/17/33
Expl. Laparatomy	12/20/33

Other contributory causes of importance:

Name of operation Exploratory Laparatomy Date of 12/20/33

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ellen Henrietta Hunt M. D.

(Address) Johns Hopkins

H. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 363701

142-002

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 7-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Helen Walker

(a) Residence: No. 1728 Ashland Ave St., Ward. A2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?/1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME OF FATHER Charles Jackson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME OF MOTHER Minnie Griffin

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date 12/27/33 19

19. UNDERTAKER Robert F. Kilgour

(Address) 55 15 Mt Calvery Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1933, to Dec. 22, 1933.

I last saw her alive on Dec. 22, 1933 Death is said to have occurred on the date stated above, at 3P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intraperitoneal Hemorrhage	12-20-33
due to Ruptured	"
Tubal Pregnancy -	"
Other contributory causes of importance:	
Anemia - Shock	"

Name of operation Salpingectomy Date of 12-20-33

What test confirmed diagnosis? Surg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. J. Brawner Jr. M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-8 E96702 E96702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N. Chapel St., 7-E Ward)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John D. Kratzer

(a) Residence: No. 807 N Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Mary E Kratzer

DATE OF BIRTH (month, day, year) May 2 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Patrolman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B P D

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Conrad Kratzer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Schad

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mary Kratzer

(Address) 807 N Chapel

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 28 1933

UNDERTAKER Frank Graefer

(Address) 1966 W Fayette St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1932 to Dec 24 1933

I last saw him alive on Dec 23 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1 yr
Other contributory causes of importance: Cerebral Hemorrhage	3 Days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward Lovell M. D.

(Address) 413 Hendenson

F 1268-A

E 967103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

PLACE OF DEATH

Y OF BALTIMORE: (No.) 304 W La Fayette St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Gracie E Brodie

(a) Residence: No. 304 W La Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Eclington Virginia

PERSONAL AND STATISTICAL PARTICULARS

4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Col	Single

... married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, year) Feb 23 1917

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6	10	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

Industry or business in which work was done, as silk mill, saw mill, bank, etc

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

NAME Jas Brodie

BIRTHPLACE (city or town) (State or country) N. C.

MAIDEN NAME Emma Brodie

BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT Jas Brodie

(Address) 304 W. La Fayette

BURIAL, CREMATION, OR REMOVAL

Place Mount Lion Date Dec. 31st 1923

UNDERTAKER Joseph A Linthicum

(Address) 419 E. Mount Street

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1923

22. I HEREBY CERTIFY, That I attended deceased from ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	
Since	1928

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. C. Luth, M. D.

Coroner

(Address) Coroner

R. 1268-9 E 96704 Cr Darby 3301 Oakfield Ave E 96704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2517 Oswego St. Ward)

th of residence in city or town where death occurred 67 yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alice Hall

(a) Residence: No. 2517 Oswego Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Nov 12 1866

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seamstress

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore

. NAME William R Hall

. BIRTHPLACE (city or town) (State or country) Baltimore Md

. MAIDEN NAME Taylor

. BIRTHPLACE (city or town) (State or country) Baltimore Md

NFORMANT Mrs. C. K. Hall

(Address) 2517 Oswego

URIAL, CREMATION, OR REMOVAL

Place Lorraine Date Dec 28 1933

NDERTAKER W. Maurice Pontzon Inc

(Address) 2238 W. North Ave.

FILED Dec 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1933 to Dec 26 1933

I last saw h[illegible] alive on Dec 26 1933 Death is said to have occurred on the date stated above, at 12½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Dec 23
Fem Knowledge	

Other contributory causes of importance:

Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H A Duffy M. D.

(Address) 817 Mt Royal Ave

S-H 2508

CE 96705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7705

92-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 1227 Holbrook Street St. 10-21 Ward)

h of residence in city or town where death occurred Life mos ds. How long in U.S. if of foreign birth? yrs mos ds.

FULL NAME Sophia V. Hamburg

n) Residence: No. 1227 Holbrook Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter Hamburg

6. DATE OF BIRTH (month, day, year) Feb. 3, 1892.

7. AGE Years	Months	Days	If LESS than 1 day of time
41	10	22	#####

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Robel

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) (Unknown)

17. INFORMANT Mr. Walter Hamburg
(Address) 1227 Holbrook Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Cem Dec. 28, 1933

19. UNDERTAKER Geo. J. Roth Son
(Address) 1735 Harlem Ave Baltimore, Md.

20. Filed 12-27 1933 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12. 26, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1933 to Dec. 25, 1933

I last saw h Cr alive on Dec. 11, 1933 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Valvular Heart Disease	2
Contributory causes of importance: Bronchial Pulmonary Dropsy	2

Name of operation None Date of No

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter A. Magee M.D.

(Address) 1021 N. Caroline St.

5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96706

123

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. 805 N. Lakewood Ave 7-01 Ward)

(b) If of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Augusta M. Phillips

(a) Residence: No. 806 N. Lakewood Ave Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female White	Married

6. If married, widowed, or divorced (or) WIFE of Joseph A. Phillips

7. DATE OF BIRTH (month, day, year) Aug 22 1905

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	4	22	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Frank Svoboda

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Anna M. Pokorny

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Joseph A. Phillips

(Address) 806 N. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL 12/28/33 19

Place Holy Redeemer

19. UNDERTAKER George J. Ruth Inc

(Address) 1183 Hanover St

Huntington Williams M.D.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7. 1933, 19..., to Dec 25 1933

I last saw h[illegible] alive on Dec 25 1933 death is said to have occurred on the date stated above, at 9 A. m

*The principal cause of death and related causes of importance were as follows:

Tuberculosis Ulceration of Larynx.

Date of onset

Other contributory causes of importance:

Pulmonary Tuberculosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Franklin Kaufhurst M.D.

(Address) 2411 E. Monument St.

B. B. 1268-9

✓ E 96707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8-01 Ward)

rth of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Baby Moore

(a) Residence: No. 1235 N Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) December 13, 1933

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) .....
(State or country)

13. NAME James Moore

14. BIRTHPLACE (city or town) ..... (State or country) North Carolina

15. MAIDEN NAME Margaret Burkendine

16. BIRTHPLACE (city or town) ..... (State or country) Maryland

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL

Place J H Med College Date Dec 27 1933

UNDERTAKER .....
(Address)

FILED ..... 19 ..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/33 19

22. I HEREBY CERTIFY, That I attended deceased from 12/12/33 19 ... to 12/20/33 19 ...

I last saw him alive on 12/20/33 19 ... Death is said to have occurred on the date stated above, at 10:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	12/1/33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Maxwell J Ford M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

E 96708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Balto. Md 01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Johnson

(a) Residence: No. Harmans Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of New born

6. DATE OF BIRTH (month, day, year) December 21, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1 DAY 2HRS	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New born
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Archie Johnson

14. BIRTHPLACE (city or town) Harmans
(State or country) Md.

15. MAIDEN NAME Nellie Boyer

16. BIRTHPLACE (city or town) Harmans
(State or country) Md

17. INFORMANT Nettie Johnson
(Address) Harmans, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 27, 1933

19. UNDERTAKER ...
(Address) Huntington Hillcrest, Md

20. FILED ... 19 ... Registrar.

7 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22 1933

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1933, to December 22, 1933
I last saw her alive on December 21, 1933. Death is said to have occurred on the date stated above, at 5-45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage.	
Immature Birth	
Other contributory causes of importance:	
Precipetious Labor.	12-21-33

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. W. Donohue M. D.
(Address) University Hospital

D. B. 1268-9

✓ E 96709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Bertha May Renther

(a) Residence: No. 1946 Ridgehill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/14/33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md

13. NAME John P. Renther

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ethel G. Cline

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Dec 27, 1933

UNDERTAKER .....
(Address) .....

FILED Dec 27 1933 Huntington Pitzsellen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1933 to Dec 17, 1933.

I last saw her alive on Dec 17, 1933 Death is said to have occurred on the date stated above, at 1:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2 hrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Marvel I. Schult M. D.

(Address) Johns Hopkins Hosp.

D. B. 1268-9

E 96710

HEALTH DEPARTMENT—CITY OF BALTIMORE

96710

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 W. Lexington St., 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emely L. Bucher

(a) Residence: No. 2124 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of the late P Albert Bucher

6. DATE OF BIRTH (month, day, year) Oct 7th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Fred. Co, Md.

13. NAME Wm T. Walter

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Bessie Nixon

(Address) 2124 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Christ, Fred, Md Date 12/28/1933

19. UNDERTAKER John F Conway & Son

(Address) 901 Fulton St

20. FILED 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1933, to Dec 25, 1933

I last saw her alive on Dec 25, 1933. Death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis and Myocarditis	?
Other contributory causes of importance:	
Coronary Thrombosis	Dec 25

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) B. Kadry, M. D.

(Address) 2300 Eutaw Place

8-16-29—L. F. S.—100 Bks.

E 96711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

REGISTERED NO. 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1536 John ST. 4 WARD)

FULL NAME Mrs Fannie Jane Lynch

) RESIDENCE NO. 1536 John ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	t COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widow

married, widowed, or divorced HUSBAND of (or) WIFE of George B Lynch

E OF BIRTH (month, day, and year) March 21, 1859

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	6	

UPATION OF DECEASED

) Trade, profession or rticular kind of work Housewife

) General nature of Industry, siness, or establishment in hich employed (or employer)

) Name of employer

THPLACE (city or town) Harpers Ferry
tate or country) W. Virginia

NAME OF FATHER unknown

BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

MAIDEN NAME OF MOTHER Cromwell

BIRTHPLACE OF MOTHER (city or town) Harpers Ferry
(State or country) West Virginia

Informant Elizabeth Lynch

(Address) 1536 Johns.

7 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27/33

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Dec 27, 1933,

that I last saw h alive on Dec 26, 1933

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of pancreas

unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab

(Signed) Wm L Lasher, M. D.

12-27-1933 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Harpers W. Va

20 UNDERTAKER H C Brannigan Son

DATE OF BURIAL 12/28 1933

ADDRESS 1136 Poplar

B. 1268-9

✓ E 96712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-01 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mary Gilliam

(a) Residence: No. 220 Pearl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of David Gilliam ?

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Atlanta Ga.

13. NAME Thomas Joseph ?

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Winnie Blakin ?

16. BIRTHPLACE (city or town) (State or country) Ga

INFORMANT Records

(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date 12-20, 1933

UNDERTAKER Dennis Eustace

(Address) 216 Pearl

Hunting & Williams N.F.

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1933 to Dec. 25, 1933

I last saw her alive on December 25, 1933 Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	3 hrs
Congestive failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T Phazier, M. D.

(Address) Balt. City Hosp.

D. B. 1265-9

E 96713

96713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital St., 23 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Norman Raymond Hunter

(a) Residence: No. 107 W. Oxford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, year) 12-25-33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1 1/2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant (Ind)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Raymond J. Hunter

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Julia Bunn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Julia Hunter

(Address) 107 W. Oxford St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 27, 1933

19. UNDERTAKER Frank Leuzinger Realty

(Address)

FILED Dec 28 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1933 to 12-26, 1933

I last saw him alive on 12-26, 1933 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prolonged Labor with constant pressure on child's head	Dec 25
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. J. Company, M. D.

(Address) Vol. Hospital

D. B. 1968-9

✓ E 96714

96714 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X 94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH U.S. Marine Hospital
CITY OF BALTIMORE: (No. Baltimore, Md. St. 12-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Louis S. Jones

(a) Residence: No. 400 W. 150 Street, New York City Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Carrie Johnson Jones

6. DATE OF BIRTH (month, day, year) November 1, 1868

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 12-25-33
11. Total time (years) spent in this occupation 0 yr.

12. BIRTHPLACE (city or town) (State or country) Wilmington North Carolina

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL
Place New York City Date Dec 21, 1933

UNDERTAKER Mrs R.A. Elliott
(Address) 412 E. Main Street Huntington Indiana, N.Y.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1933 to December 26, 1933.
I last saw him alive on December 26, 1933. Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis, of coronary artery	18 da.?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geddes M. D.
(Address) U.S. Marine Hospital, Balto.

B 1268-9

✓ E 96715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Coleman

(a) Residence: No. 433 E 21½ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced WIFE of (or) HUSBAND of Louisa Coleman (Dead)

6. DATE OF BIRTH (month, day, year) August 31 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

13. NAME Lloyd Coleman

14. BIRTHPLACE (city or town) (State or country) Balt. Co. Md.

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Balt. Co. Md.

17. INFORMANT (Address) Records Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place W. W. Calvery Date Dec. 28 1933

19. UNDERTAKER (Address) Mrs. R. A. Elliott 1129 N. Caroline

Hunting for Interment Not

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21 1933 to Dec. 25 1933

I last saw him alive on Dec 25 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, right - Hemiplegia, left	3 wks
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Balt. City Hosp.

H 1268-9

E 96716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96716

94-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 305 Wyman Park Drive St., 12-01 Ward)

h of residence in city or town where death occurred) Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Clarence J. Taylor

(a) Residence: No. 305 Wyman Park Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Lottie Pearl Taylor

TE OF BIRTH (month, day, year) October 29, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor Garage

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pennsylvania R.R.

Date deceased last worked at this occupation (month and year) December 24, 1933 11. Total time (years) spent in this occupation 31 yrs

RTHPLACE (city or town) (State or country) Baltimore Maryland

. NAME Henry Taylor

. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

. MAIDEN NAME Virginia Willer

. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NFORMANT Mrs. Lottie Pearl Taylor

(Address) 305 Wyman Park Drive

URIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec. 27, 1933

NDERTAKER Joseph Hoof

(Address) 1003 W. Baltimore St.

D 1933 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 19 33

22. I HEREBY CERTIFY, That I attended deceased from Inquiry, 19 , to , 19

I last saw him alive on , 19 Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(Specify)

(Signed) John J. Mossmeyer, M. D.
Coroner

(Address) 6[illegible] Roland Ave.

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2717 Cylburn Ave. St. 27-01 Ward)

th of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Starr Matthews

(a) Residence: No. 2717 Cylburn Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widowed

married, widowed, or divorced
RUSBAND of (or) WIFE of Ethel Matthews

TE OF BIRTH (month, day, year) July 9, 1881

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	4 5	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Federal Land Bank

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Banking 045

Date deceased last worked at this occupation (month and year) Dec. 1933

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Maryland

. NAME Thomas L. Matthews

. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

. MAIDEN NAME Georgiana Starr

. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NFORMANT Mr. J. J. Kerr
(Address) 2715 Cylburn Ave.

URIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Dec. 28, 1933

NDERTAKER Joseph B. Cook.
(Address) 1903 W. Baltimore St.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933, to Dec 25, 1933

I last saw him alive on Dec 25, 1933. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Dec 25

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Charles J. Wells. M. D.
(Address) 5276 Park Heights Ave.

B. 1268-9

Chrusciak E 96718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

718 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 1-06 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Loretta Chrusciak

(a) Residence: No. 3110 Elliott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Leonard Chrusciak

DATE OF BIRTH (month, day, year) 9-24-04

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME OF FATHER William H. Rosenthal

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME OF MOTHER Catherine Mulligan

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Catherine Mulligan

(Address) 5045 Eliza St

BURIAL, CREMATION, OR REMOVAL Date 12/28/ 1933

Place Mt Olivet Cem

UNDERTAKER Jno. J. Mogan

(Address) 3008 E. Baltimore St.

... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-33 , 19

22. I HEREBY CERTIFY, That I attended deceased from 12-22-33 , 19 , to 12-25-33 , 19

I last saw her alive on 12-25-33 , 19 Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed) Robert L. Allman M. D.

(Address) Bon Secours Hosp.

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
OF BALTIMORE: No. 912 Cedric Rd St., 27-01 Ward)

...h of residence in city or town where death occurred 25 yrs. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Cornelius Theo Montague

(a) Residence: No. 6800 Pinehurst Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widower

married, widowed, or divorced
HUSBAND of Alva B. Montague
(or) WIFE of

DATE OF BIRTH (month, day, year) July 9-1857

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Hartford Co. Md.
(State or country)

NAME John E. Hardesty

BIRTHPLACE (city or town) Md.
(State or country)

MAIDEN NAME Bonia Ann Montague

BIRTHPLACE (city or town) Va.
(State or country)

INFORMANT E Montague
(Address) 6800 Pinehurst Rd

BURIAL, CREMATION, OR REMOVAL Dec 28, 1933
Place Chapel Cemetery Date

UNDERTAKER John F. Moran
(Address) 3000 E. Balto St.

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 " 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek Coroner M. D.

(Address)

No. 1268-9

✓ E 96720

720

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

h of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Ernst Shifflett

(a) Residence: No. 1853 Harford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
X	White	Married

married, widowed, or divorced
HUSBAND of Rose
or) WIFE of

TE OF BIRTH (month, day, year) March 10/1906

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	9	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Charlottesville
(State or country) Virginia

. NAME Harry Shifflett

. BIRTHPLACE (city or town) Va
(State or country)

. MAIDEN NAME Lucy Deems

. BIRTHPLACE (city or town) Va
(State or country)

NFORMANT Rose Shifflett
(Address) 1853 Harford Ave

URIAL, CREMATION OR REMOVAL

Place New Leatherida Date Dec 28, 1933

UNDERTAKER Lee E. Leary
(Address) 1938 Pratt Car. 21st

FILED 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24/33 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7.15 P.M.

The principal cause of death and related causes of importance were as follows: | Date of onset

Cerebral Hemorrhage
Fractured skull (temporal-parietal-occipital region)

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 24/33

Where did injury occur? 1853 Harford Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury while ascending stairs fro basement fell backwards

Nature of injury against opposite wall.

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John H. Gue M. D.
Coroner

(Address) 5086 Hoch Ave

1938-6

E 96721

HEALTH DEPARTMENT—CITY OF BALTIMORE

96721

CERTIFICATE OF DEATH

178-001

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Boston Apts St. 11-01 Ward)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Adelaide Rauft.

Boston Apts Park Ave & Tyson St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

married, widowed, or divorced
USBAND of
or) WIFE of Jos Rauft Jr.

TE OF BIRTH (month, day, year) Sept 12 1908

Years	Months	Days	If LESS than 1 day, hrs. or min.
25	3	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore Md
(State or country)

NAME Francis P. Lantigua

BIRTHPLACE (city or town) Baltimore
(State or country)

MAIDEN NAME M. Josephine Kelly

BIRTHPLACE (city or town) Brooklyn N.Y.
(State or country)

FORMANT Jos. L. Rauft
(Address) 868 Park Ave

URIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov 33

NDERTAKER Maryarch & Thomas
(Address) 207 W. Fayette St

LED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 "C", 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation	
Illuminating Gas	

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? Boston Apts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leuk Coroner M. D.

(Address) Coroner

D. B. 1268-8

E 96722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 William St. 24-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joshua Wan Holland

(a) Residence: No. 1221 William St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura F. Holland

6. DATE OF BIRTH (month, day, year) May 24-1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME Jas. Holland

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Rebecca Wan

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mrs Laura F. Holland

(Address) 1221 William St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Dec 29. 1933

19. UNDERTAKER Margaret J. Flynn

(Address) 1703 Eutaw Place

FILED Dec 29 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26 1933

22. I HEREBY CERTIFY, That I attended deceased from December 14, 33 to December 26, 1933

I last saw him alive on December 26 1933 Death is said to have occurred on the date stated above, at 5 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12.17.33
Myocarditis	not known
Other contributory causes of importance:	
acute Nephritis	12.22.33
Pulmonary Edema	12.26.33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

Physical Exam

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East west st

D. B. 1268-9

E 96723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4404 Parkmont Ave (St.) (Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henry A. Stange

(a) Residence: No. 4404 Parkmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Stange

DATE OF BIRTH (month, day, year) Mar 6, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	21	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret 10 yrs

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Engelhardt Stange

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elize Fischer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Minnie Stange

(Address) 4404 Parkmont Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Dec 30, 1933

UNDERTAKER John Ulrich & Sons

(Address) 2008 Auburn

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1933 to Dec 27, 1933

I last saw h[illegible] alive on Dec 26, 1933. Death is said to have occurred on the date stated above, at 5:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3 yrs
Other contributory causes of importance:	
Cerebral Hemorrhage	5 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. Burgoyne, M. D.

(Address) [illegible]

B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96724 ✓ 96724

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 805 N. Broadway St., 7-01 Ward)

th of residence in city or town where death occurred..... yrs. ....mos.....ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Francis J. Mulholland

(a) Residence: No. 805 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year)

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
bout	72			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Mrs. Marie A. Jones
(Address) 805 N. Broadway

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec. 28, 1933

UNDERTAKER John Ulrich
(Address) [illegible]

FILED ... 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at before 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
(Found dead in Bed	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.
(Address) 508 E Fayette

D. B. 12 E 96725 696725 ✓ E 96725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2212 N. Monroe St. 15-01 Ward)

gth of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Philip Bellos

(a) Residence: No. 2212 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
ale	White	Widowed

If ~~married~~, widowed, ~~or divorced~~
HUSBAND of (or ~~WIFE~~ of) Hazel Bellos

ATE OF BIRTH (month, day, year) 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dishwasher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Greek Church
10. Date deceased last worked at this occupation (month and year) Dec 1933 | 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Greece

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT George Bellos

(Address) 1802 E Coulter St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 29th 1933

UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

FILED DEC 30 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21st 1933 to Dec. 26th 1933

I last saw h alive on Dec. 21st 1933 Death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	???

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Routine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Elbert C. Reiter M. D.

(Address) 2245 Reisterstown Rd.

B. 1268-9

✓ E 96726

.726. HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. John Hopkins Hospital St. 21-21 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Marie Bobenko

(a) Residence: No. 1153 Ridgely St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Sept. 2 1923

E Years	Months	Days	If LESS than 1 day, hrs. or min.
10	3	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore, Md.
(State or country)

NAME Stephen Bobenko

BIRTHPLACE (city or town) Russia
(State or country)

MAIDEN NAME Anna Romanenko

BIRTHPLACE (city or town) Russia
(State or country)

NFORMANT Stephen Bobenko
(Address) 1153 Ridgely Street.

URIAL, CREMATION, OR REMOVAL
Place Holy Trinity Russia. Date Dec. 28 1933

NDERTAKER John Grebliauckas, J.D.
(Address) 134 S. Ann Street

ILED 1933 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from
. 19 . to . 19
I last saw h alive on . 19 Death is said
to have occurred on the date stated above, at 4.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal) Probably Streptococcic	
Other contributory causes of importance: Infected rt index finger about 7 da (Unknown origin)	

Name of operation ... Date of ...

What test confirmed diagnosis? Inquir. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... Coroner . M. D.

(Address) 508 E York St

E 96727

Spec. 7-17-26 A Co. 200 Blks.

E 96727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 322 Worsley St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Green

(a) RESIDENCE NO. 322 Worsley St. 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lloyd Green

DATE OF BIRTH (month, day, and year) 1856

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	93	1856		

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

8 BIRTHPLACE (city or town) Balto Co

(State or country)

PARENTS

10 NAME OF FATHER Lloyd Green

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Howard Co

12 MAIDEN NAME OF MOTHER Cenkinson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Jenkinson

14 Informant (Address) Norman Grayson 322 Worsley

15 Filed DEC 28 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1933 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 23 1933 to Dec 26 1933

that I last saw h.e alive on Dec 25 1933

and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia (duration) yrs. 1 mos. ds.

CONTRIBUTORY Arteria Sclerosis (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Jas L Hooper M. D.

19 (Address) 337 E North Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pt Lookout Cem

Date of Burial 12/28/33

20 UNDERTAKER Robt V Williams

ADDRESS 15-15 McElderry

B. 1268-2

E 96728

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96728

34

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St., 3-01 Ward)

h of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henry Chappell

(a) Residence: No. 311 S Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Callie Chappell

ATE OF BIRTH (month, day, year) Unknown

AGE. Years	Months	Days	If LESS than 1 day, hrs. or min.
2 57			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Prince Ga

13. NAME Fannie Chappell

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country) Ga

INFORMANT Callie Chappell

(Address) 311 S Caroline St

BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date DEC 28 1933

UNDERTAKER Wendell F Dippel

(Address) 300 S Eden St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1933

22. I HEREBY CERTIFY, That I attended deceased from
, 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2450 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Peters M D Coroner M. D.

(Address) 1205 E Fallsway

B. E-96729 ✓ E 96729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No.) Baltimore City Hospitals St., 3-01 Ward)

gth of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Victoria Shibunski

(a) Residence: No. 810 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced WIFE of Joseph ? Shibunski

ATE OF BIRTH (month, day, year) March 18, 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	9	7	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland ?

13. NAME

14. BIRTHPLACE (city or town) (State or country) Poland ?

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT Undertaker - Dippel & Sons (Address) S. Bond St

BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Cem Date Dec 29, 1933

UNDERTAKER Wendell J Dippel

(Address) 300 S Eden St

FILED ..... 19..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) December 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1933 to Dec. 25, 1933

I last saw her alive on Dec. 25, 1933. Death is said to have occurred on the date stated above, at 4:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, Left	4 days
Hypertension	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagel, M. D.

(Address) Balt. City Hosp

B. 1268-1

E 96730

E 96730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 W. Lafayette ave. 14-01 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alverta Folson

(a) Residence: No. 716 W. Lafayette ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Perry S. Folson

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54				

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William E. Harriday

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Gearaphila Hall

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Perry S. Folson

(Address) 716 W. Lafayette ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 12/28, 1933

UNDERTAKER Samuel T. Hemsley

(Address) 2215 N. Bidale St

DATE 1933 (Signature of Undertaker or Assistant)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1933 to Dec 25, 1933

I last saw h[illegible] alive on Dec 25, 1933 Death is said to have occurred on the date stated above, at 12 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Dec 7
Other contributory causes of importance	
Uremia	Dec

Name of operation None Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Howard M. D.

(Address) 712 E. Monument

E 96731

8-16-29 L. F. S. 100 E 96731

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

CERTIFICATE OF DEATH

REGISTERED NO.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 928 Linden Av ST. 11-01 WARD)

FULL NAME James E Jolly

RESIDENCE NO. 928 Linden Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

How long in U. S., if foreign birth? yrs. mos. da.

h of residence in city or town where death occurred 40 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Colored	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Rebecca Jolly.

E OF BIRTH (month, day, and year)

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	?	?	

UPATION OF DECEASED

Trade, profession or ticular kind of work none do

General nature of industry, siness, or establishment in ich employed (or employer)

Name of employer

THPLACE (city or town) Cambridge
tate or country) Md.

NAME OF FATHER James Jolly.

BIRTHPLACE OF FATHER (city or town)
(State or country) Md

MAIDEN NAME OF MOTHER Hester Burr.

BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

Informant Charles H Jolly
(Address) 1216 Etting St

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26, 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1932, to Dec 26, 1933, that I last saw h[im] alive on Dec 23, 1933 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Central Nephritis

(duration) 1 yrs. 3 mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. E. McCard, M. D.

12/27, 1933 (Address) 2029 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem.	12/29 1933
20 UNDERTAKER Samuel T Hemsley	ADDRESS 578 Biddle St

B 1268-0 E 96732 ✓ E 96732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93003

PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Louis Cohen

(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Celia

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Benj. Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Edmund Kerby (Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Rd Date Dec 28 1933

19. UNDERTAKER Sol Levinson & Bro (Address) 1127 E. Baltimore St

20. FILED 19 Registrar.

DEC 28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-5-33, 1933, to 12-27-33, 1933

I last saw him alive on 12-27, 1933. Death is said to have occurred on the date stated above, at 9:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-26-33
Arteriosclerosis	
Chr. Myocarditis	

Other contributory causes of importance:

Epigastric Hernia
Benign prostatic hypertrophy
Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Kerby, M. D.

(Address) Levindale

B. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96733 — E 96733 — Registered No.

PLACE OF DEATH Lemndale

CITY OF BALTIMORE: (No. Brempong & Belvedere Ave St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Israel Tucker

(a) Residence: No. Lemndale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Russia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sigmund Tenbloom

(Address) Belvedere & Brempong

BURIAL, CREMATION, OR REMOVAL Loch Raven & Lemon Hill Cem Date 12/24/33 19

UNDERTAKER Lutkins Inc

(Address) 1432 E Baltimore St

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-10 1930 to 12-27 1933

I last saw him alive on 12-27 1933 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anginal Pectoris	
Hypertension	

Other contributory causes of importance:

Bilateral Inguinal Hernia	
Chr. Bronchitis & Emphysema	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin, M. D.

(Address) Levindale

D. B. 1268-9

96734 HEALTH DEPARTMENT—CITY OF BALTIMORE

146 E 96734

CERTIFICATE OF DEATH

PLACE OF DEATH Hospital for Women of Maryland Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 13-01 Ward

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Zelda Ethel Snyder

(a) Residence: No. 2410 Lakeview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

If married, widowed, or divorced
HUSBAND of (or) WIFE of George Snyder

DATE OF BIRTH (month, day, year) March 23, 1906

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Isaac Robinson

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Fannie Debusky

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Ruth Hyman
(Address) 2515 Brookfield Ave. Baltimore

BURIAL, CREMATION, OR REMOVAL
Fellowship Southern Ave Date 12/28/33 19

UNDERTAKER Jos. Lewis Inc
(Address) 1439 E. Baltimore St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1933, to Dec. 27, 1933

I last saw h.e.r. alive on December 27, 1933 Death is said to have occurred on the date stated above, at 8 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular - renal disease with hypertension	2 weeks ago
Bronchopneumonia	3 days ago

Other contributory causes of importance:

Pregnancy, multipara, term	Mar 1933
Acute pulmonary edema	9 days ago

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edmund Wilson Jacobs M. D.

(Address) Hospital for Women of Maryland
Baltimore, Maryland

B. 1268-9

96735 HEALTH DEPARTMENT—CITY OF BALTIMORE E 96735

CERTIFICATE OF DEATH

180

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. J. Hopkins Hospital St. 5-01 Ward)

th of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Nathan Wohl

(a) Residence: No. 1402 E. Fairmonut St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Widower

married, widowed, or divorced
BUSBAND of (or) WIFE of Sarah

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080
9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

3. NAME Milton Wohl

4. BIRTHPLACE (city or town) (State or country) Russia

5. MAIDEN NAME Shana ------

6. BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Jack Lewis

(Address) 1439 E. Baltimore St

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 12/29/33 19

UNDERTAKER Levy Funeral Chapel

(Address) 1439 E. Baltimore St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27/33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-Burns over body.	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 27 19

Where did injury occur? 1402 E. Fairmonnt Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Clothes ignited from overturned oil stove. Manner of accident

Nature of injury undetermined.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address) 508 E Lexington

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96736

CERTIFICATE OF DEATH

160 E 96736

PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St. 27-C Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Parrish

(a) Residence: No. 2705 Evergreen Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 12-27-33

GE Years	Months	Days	If LESS than 1 day, hrs. or 5 min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME John C Parrish

14. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

15. MAIDEN NAME Frances Stein

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

INFORMANT Frances Stein, mother
(Address)

BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 12/29/33

UNDERTAKER Leonard Hyatt
(Address) 5305 Harford Rd

FILED DEC 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1:45 PM 12-27-33, 19..., to 1:20 PM 12-27-33 19...

I last saw him alive on 12-27-33, 19... Death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2. Cerebral Compression incident to prolonged second stage of labor	
1. Asphyxia neonatorum	

Other contributory causes of importance: Respiratory Paresis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagmueller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

E 36737

36737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 N Fulton St. 49-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Alice Anna Gray

(a) Residence: No. 313 N. Fulton St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed or divorced
HUSBAND of (or) WIFE of William M. Gray

DATE OF BIRTH (month, day, year) Aug 27 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	4		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) Baltimore
(State or country)

10. NAME Ann H. Bell

11. BIRTHPLACE (city or town) Baltimore
(State or country)

12. MAIDEN NAME .....

13. BIRTHPLACE (city or town) Unknown
(State or country)

14. INFORMANT Alice Arnold
(Address) 313 N Fulton St

15. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 12/30/33 19

16. UNDERTAKER Leonard Ruth & Bro.
(Address) 5301 Harford Rd

FILED DEC 29 1933 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27/33

22. I HEREBY CERTIFY, That I attended deceased from Nov ....., 1933, to Dec 27 ....., 1933. I last saw her alive on Dec 26, 1933. Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	3 yrs
Other contributory causes of importance:	
General Carcinomatosis	

Name of operation Colostomy Date of Dec 15 '31

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W Bosman Hood M. D.

(Address) 2216 Garrison Blvd.

E 96738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Clarence Minor

(a) Residence: No. 2319 Hunter Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 6, 1894

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	9	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

8. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME John Minor

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records
(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL 12/29/33
Place University of Md Date Dec 28 19 33

UNDERTAKER Ryan & Manning Knight
(Address)

FILED Dec 29 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1933 to Dec. 26 1933

I last saw h[illegible] alive on Dec. 26 1933 Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Oesophagus	?

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balt. City Hosp

E 96739 ✓ E 9673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 27-21 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Andrew J. Wright

(a) Residence: No. Hammond Ave — Pimlico Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) March 16, 1855

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	9	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 640

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington D. C.

13. NAME Adam P. Wright

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elvina ?

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records (Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL Place University of Md. Date Dec 28 . 1933

UNDERTAKER ..... (Address)

FILED ..... 19 ..... Registrar

28 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1931 to Dec. 26, 1933

I last saw him alive on Dec. 26, 1933 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension, arteriosclerotic	?
Pulmonary edema	Terminal

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I B Magiel M. D.

(Address) Balt City Hosp.

D. B. 1938-9

5740 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86740

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Good Shepherd General Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N Gilmor St., Ward)

Length of residence in city or town where death occurred 3 yrs mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alberta Coulters

(a) Residence: No. 1342 Woodyear St., Ward. 15-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Col	Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1929

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) St. Mary's Co.

13. NAME Walter Counters

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co.

15. MAIDEN NAME Rachel Reid

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co

INFORMANT Rachel Counters
(Address) St. Mary's Co Md

BURIAL, CREMATION, OR REMOVAL
Date 12-29 1933

UNDERTAKER Bro L. Hardesty
(Address) Federal Hill Baltimore

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27/33

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1933 to Dec 27 - 1933

I last saw h alive on 12-27 - 1933. Death is said to have occurred on the date stated above, at 11:20 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pan Carditis, Mitral Stenosis with related Dropsy	about 1928

Other contributory causes of importance:

Pneumonia + Bronchitis about 2 yrs ago	about

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

(Signed) W. R. Boykin M. D.

(Address) 1512 Gilmor St

D. B. 1268-9

5741 E 96741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 N Orleans St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Berry

(a) Residence: No. 1609 N Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Berry

DATE OF BIRTH (month, day, year) 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs Adele Bauler
(Address) 1421 Bolton St

18. BURIAL, CREMATION, OR REMOVAL
Place Int Calvary Date 12-30 1933

19. UNDERTAKER J. H. Skinner
(Address) 1609 E. Lanvale St
Huntingtown Maryland

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 33 to Dec 27, 33

I last saw him alive on Dec 26, 1933. Death is said to have occurred on the date stated above, at 10:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 15 33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Geo S Allen M. D.

(Address) 50 S Arlington Ave

9-30—A. & Co.—250 Blks

E 96742

6742 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. V 159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Provident Hospital St. Ward)

2 FULL NAME Baby Love

(a) RESIDENCE NO. 1701 Brentwood ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 12-21-33

AGE: Years | Months | Days: 6 | If LESS than 1 day, hrs. or min.

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country): Balto md

9 NAME OF FATHER: William Love

10 BIRTHPLACE OF FATHER (city or town) (State or country): N C

11 MAIDEN NAME OF MOTHER: Bertha Reed

12 BIRTHPLACE OF MOTHER (city or town) (State or country): N C

Informant: Bertha Love

(Address) 1701 Brentwood ave

13 1933 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): 12-27-33

17

I HEREBY CERTIFY, That I attended deceased from 12-21- 1933 to 12-27 1933

that I last saw h alive on 12-27- 1933

and that death occurred, on the date stated above, at 1253 A m

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Partial Atelectasis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C Blue Compton M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL: Dec 28 1933

20 UNDERTAKER

ADDRESS

Commissioner Health.

B. 1261-0

E 96743

6743 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St. Joseph's Hospital St., Ward)

th of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Benjamin F. Emerson

(a) Residence: No. 1721 E. Lafayette Ave. St., 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X: le	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Married

married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Lyston Emerson

TE OF BIRTH (month, day, year): Jan 19, 1864.

E: Years	Months	Days	If LESS than 1 day: hrs. or min.
69	11	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

IRTHPLACE (city or town) (State or country): Washington Co. Maryland

. NAME: Upton S. Emerson

. BIRTHPLACE (city or town) (State or country): Maryland

. MAIDEN NAME: Mary Loppf

. BIRTHPLACE (city or town) (State or country): Maryland

NFORMANT (Address): Mrs. Mary L. Emerson 1721 E. Lafayette Ave.

URIAL, CREMATION, OR REMOVAL

Place: City Cemetery Date: Dec 29, 1933

NDERTAKER (Address): Geo. J. Smith & Son 1735 E. Baltimore St.

LED 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 26/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

That saw h alive on . 19 Death is said to have occurred on the date stated above, at 7.15 P.M.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis ? ?

(History of Angina Pectoris)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Pacca M. D.

(Address) 108 E. Lanvale Coroner

—9 30—A & Co—250 Blks

E 96744

6744 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. V 56

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Name for Dreenable ST ....WARD)

2 FULL NAME Elizabeth Rehbein

(a) RESIDENCE NO Name for Dreenable ST. 13 (old) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb. 28, 1873 1873

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	10	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER George Rehbein

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Orr

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania

Informant Nurse for Deceased

(Address) 4 [illegible]

Filed Dec 29 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27-33

17

I HEREBY CERTIFY, That I attended deceased from July, 1931, to Dec 27, 1933

that I last saw h[illegible] alive on Dec 26, 1933

and that death occurred, on the date stated above, at 8.45 a m.

The CAUSE OF DEATH* was as follows:

Rheumatic heart disease

with Myocardial insufficiency

(duration) 20+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 10+ yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N. Hanford Hopkins M. D.

, 19 (Address) 214 West Ave. Bla,

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden DATE OF BURIAL Dec 29, 33

20 UNDERTAKER A. S. Marshall ADDRESS 3539 Gaul St

D. P. 126

(Darago)

E 96745

6745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-101

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 S. High St., Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Darago

(a) Residence: No. 236 S. High St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Stanislao Darago

6. DATE OF BIRTH (month, day, year) May 17, 1875.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58.	7	17.	11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Rocco. Father

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Rose Darago

(Address) 236 S. High St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 30, 33

19. UNDERTAKER Kendall & Pepper

(Address) 3 S. Eutaw St

Huntington Ave & Pratt

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/1 1931 to 12/25 1933

I last saw h. alive on 12/25 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12.33

Other contributory causes of importance: Hypertension Arterial Sclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas A Cahn M. D.

12/26/33 (Address) 2145 N Carlton

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

—M. & T.—100 M—5-50

E 96746

HEALTH DEPART

CERTI

Y OF BALTIMORE

F DEATH V 82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Panama Ave

TY OF BALTIMORE: (No. West Balto St.

2-FULL NAME Geo Elmer Le

(a) RESIDENCE NO. 3010 Payne

(Usual place of abode)

length of residence in city or town where death occurred yrs.

Ave ST., 16 WARD 16/01

(If non-resident give city or town and State)

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICU

ed, word)

EX | 4 COLOR OR RACE | 5 Single, Marr or Divo

nale White W

d married, widowed, or divorced

HUSBAND of (or) WIFE of Edna Y

urs

ATE OF BIRTH (month, day, and ye 3rd 1894

GE | Years | Month

39

If LESS than 1 day, hrs or min.

CCUPATION OF DECEA

(a) Trade, profession or particular kind of work

(b) General nature of ind business, or establishme which employed (or er

on 073

Kman

B & O.

rel Md

(c) Name of employer

IRTHPLACE (city or t (State or country)

Washington Lewis

(city or town)

10 NAME OF FATHE

urel Md

11 BIRTHPLACE OF (State or country)

HER Annie Ridgley

12 MAIDEN NAME OF

HER (city or town) Laurel Md

13 BIRTHPLACE OF M (State or country)

a Young Lewis

nformant Edn

Rayner Ave

(Address) 3010

Filed 26 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. G. Brown, M. D.

Dec 27 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec 29 1933

20 UNDERTAKER Towell & Byrn

ADDRESS 2904 Edmondson Ave.

O. B 1268-9

E 96747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32-001

JOHNS HOPKINS HOSPITAL

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 21-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Calvin Johnson

(a) Residence: No. 814 Carroll St. St., H. L. 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7/4/1924

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	5	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Ella Johnson

16. BIRTHPLACE (city or town) U. C.
(State or country)

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Dec 29 1933

UNDERTAKER Joseph A. Leary
Address 401 N. Mount Street

FILED Dec 29 1933 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933 to Dec. 26, 1933

I last saw him alive on Dec. 26, 1933 Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	2 weeks
Tuberculosis, miliary	
Lungs (not involved)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Manes S. Hecht M. D.

(Address) Johns Hopkins Hosp.

O. P. 1268-0

E 96748

6748 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34V

Registered No. 84-01

PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hosp. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joshua Dutton

(a) Residence: No. 408 Laurens St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Dec. 27, 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	25 11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Finksburg
(State or country) Md

12. NAME Joshua Dutton Jr.

14. BIRTHPLACE (city or town) Finksburg
(State or country) Md.

15. MAIDEN NAME Ellen Fountaleroy

16. BIRTHPLACE (city or town) Virginia
(State or country)

INFORMANT Friends
(Address) Balt. City Hosp

BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Dec 29 1933

UNDERTAKER Joseph A Lively
(Address) 401 N. Mount Street

Huntington Williams

81933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1933 to Dec. 27 1933

I last saw him alive on Dec. 27 1933 Death is said to have occurred on the date stated above, at 12 0 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Other contributory causes of importance:	
Transverse myelitis ?	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Pragell M. D.

(Address) Balt. City Hosp.

E 96749

B. B. 1268-9

6749 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1413 Patapsco St. 23-01 Ward

gth of residence in city or town where death occurred 80 yrs. 7 mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME John W. Norfolk

(a) Residence: No. 1413 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Norfolk

DATE OF BIRTH (month, day, year) May 21, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labell Co. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Norfolk

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anne Benton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sarah E. Norfolk

(Address) 1413 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec 30, 1933

19. UNDERTAKER A. Howard Evans

(Address) 32 E. Fort Ave

FILED , 19 Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27th, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6th, 1933 to Dec 27th, 1933.

I last saw him alive on Dec 26th, 1933 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic aortic regurgitation of heart	3/6/33

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? P. T. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry Deibel, M. D.

12/29/33 (Address) 1224-26 Hanover St

O. B. 1268-0

E 96750

HEALTH DEPARTMENT—CITY OF BALTIMORE

750

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 3011 W. Lanvale St. St. 16-01 Ward)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Annie R. Young

(a) Residence: No. 3011 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph T. Young

DATE OF BIRTH (month, day, year) Jan. 21, 1865.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Robert Sapp

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ellen Hobbs

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Joseph T. Young
(Address) 3011 W. Lanvale St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 12/29/33 19

UNDERTAKER Harry H. Witzke
(Address) 4101 Edmondson Ave.

Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24th 1933 to Dec 26th, 1933

I last saw her alive on Dec 25th, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	12/23/3
Other contributory causes of importance:	
Pulmonary Edema	12/25/3

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Pysical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. B. Culverhouse M. D.

(Address) 1901 Eutaw Place

—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96751

96751

CERTIFICATE OF DEATH

93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

y of Baltimore: (No. 1626 Normal Ave., St., 8-01 Ward)

2-FULL NAME Arinthia Wentworth

(a) RESIDENCE NO. 1626 Normal Ave., St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Wentworth, Sr

DATE OF BIRTH (month, day, and year) July 2, 1847

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	86	5	25	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Md.

10 NAME OF FATHER J. J. Underhill

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Not Known

Informant George W. Wentworth, Jr.
(Address) 1626 Normal Ave.

Filed 1933 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27, 1933 11 A.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarduial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. J. Bacon M. D.

12/28/33 (Address) 10 E. Noria Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Dec. 30, 33

20 UNDERTAKER John H. Denny — ADDRESS 715 Light St.

RCW

D. B. 1268-9

E 96752

HEALTH DEPARTMENT—CITY OF BALTIMORE

6752

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4906 York Rd St. 27-01 Ward)

Length of residence in city or town where death occurred 88 yrs. \ mos. 26 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emma J. Harvey

(a) Residence: No. 4906 York Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: William H Harvey

DATE OF BIRTH (month, day, year): Dec 1 18[illegible]5

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	\	6 26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Baltimore md

13. NAME: James Collins

14. BIRTHPLACE (city or town) (State or country): md

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Mr James L Harvey

(Address): 4906 York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Date: Dec 28 193[illegible]

19. UNDERTAKER: John F Penny

(Address): 715 Light St

20. FILED ... 193[illegible] ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 27 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 193[illegible] to Dec 28 193[illegible]

I last saw her alive on Dec 23 193[illegible] Death is said to have occurred on the date stated above, at 11 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	13 yrs
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H W. Johnston M. D.

(Address) 4327 York Rd

O. B. 1268-9

E 96753

753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2201 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George Cuttz (Cuchs)

(a) Residence: No. 3539 Calvert Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 22 ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Last	55	5	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness maker

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records
(Address) Balto City Hosp

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 12/29 1933

UNDERTAKER Frye & Sunday
(Address) Fulton Ave & Fayette

FILED 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26 1933

22. I HEREBY CERTIFY, That I attended deceased from August 18 1932 to Dec. 26 1933

I last saw deceased alive on Dec. 26 1933 Death is said to have occurred on the date stated above, at 8:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes dorsalis	>
Arteriosclerosis	>
Cystitis	2 2a

Other contributory causes of importance:

	own

Name of operation ..... Date of ....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. B. Magill M. D.

(Address) Balto City Hosp

B. 1268-

E 96754

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96754

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 1018 N. Appleton St. 16-01 Ward)

th of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Nettie Wiedemann

(a) Residence: No. 1018 N. appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

married, widowed, or divorced
HUSBAND of (or) WIFE of Jesse D. Wiedemann

TE OF BIRTH (month, day, year) Feb 2, 1882

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home wife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
8. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

9. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10. NAME Emma Jewell

9. BIRTHPLACE (city or town)
(State or country) U.S.A

10. MAIDEN NAME ? Sherlock

9. BIRTHPLACE (city or town)
(State or country) Maryland.

INFORMANT Jesse D. Wiedemann
(Address) 1018 N. appleton St.

BURIAL, CREMATION, OR REMOVAL
Place Randallstown Md. Date 12/29/ 1933

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27 - 1933

22. I HEREBY CERTIFY, That I attended deceased from December 22 1933 to 12-27- 1933
I last saw her alive on 12-26- 1933 Death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis of heart	12-19-33

Other contributory causes of importance:
Pulmonary Edema
Bronchopneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson ave.

1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96755 E 96755

CERTIFICATE OF DEATH

108

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Johns Hopkins Hospital St. 8-01 Ward)

of residence in city or town where death occurred ....yrs.... .mos.....ds. How long in U. S. If of foreign birth? ....yrs.....mos. ....ds.

FULL NAME John U. Nichols

a) Residence: No. 2218 E. Henneman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Single

married, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, year) Jany 19/33

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore. Md.

NAME Theodore Nichols

BIRTHPLACE (city or town) (State or country) Balto.. Md.

MAIDEN NAME Marie Iang

BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Theodore Nichols
(Address) 2216 E. Henneman Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec. 30 1933

UNDERTAKER C. M. Williamson
(Address) 2354 Jefferson St.

FILED Dec 30 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11.25 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) O. H. Haven, M. D. Coroner

(Address) 408 E. North Ave

E 96756

E 96756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 E. Fayette St. St. 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Elizabeth Doenges

(a) Residence: No. 2106 E. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick J. Doenges

DATE OF BIRTH (month, day, year) May 12-1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	7	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Adam Doenges

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Frederick J. Doenges (Husband)

(Address) 2106 E. Fayette St.

BURIAL, CREMATION, OR REMOVAL Place Trinity Cem. Date Dec. 30 1933

UNDERTAKER Mrs. E. McMahon & Son

(Address) 233 E. Fayette St.

FILED Dec 30 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1933 to Dec 27 1933

I last saw h[illegible] alive on Dec 27 1933. Death is said to have occurred on the date stated above, at 8:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver.	Sept 1st 33

Other contributory causes of importance: Cardiac Hemorrhage Dec 27/33

Name of operation None Date of ...

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. V. Meyer M. D.

(Address) 1500 E. 33rd St.

E 96757

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96757

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (a) No. 1515 W Lanvale St., 16-01 Ward)

(b) Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Izola M Deanes.

(a) Residence: No. 1515 W. Lanvale Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: Col Col

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
WIFE of (or) HUSBAND of

DATE OF BIRTH (month, day, year) Dec 9-1916

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	-	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 070

BIRTHPLACE (city or town) Richmond Va
(State or country)

NAME McKinley Deanes

BIRTHPLACE (city or town) Va
(State or country)

MAIDEN NAME Florence Santos

BIRTHPLACE (city or town) Va
(State or country)

INFORMANT Florence Deanes

(Address) 515 W Lanvale

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 29 1933

UNDERTAKER James Castello

(Address) 14 2 W Saratoga St

FILED ... 19... by ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 at 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Phthisis — 2 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Finch M. D. Coroner

(Address)

E 96758

E 96758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 211 N. Carrollton Ave St. 18-01 Ward)

th of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Randolph Gough

(a) Residence: No. 211 N. Carrollton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

married, widowed, or divorced
RE HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) May 29, 1908

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25		6	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) St Marys Co Maryland

NAME Gough

BIRTHPLACE (city or town) (State or country) St. Marys Co Maryland

MAIDEN NAME Sadie ?

BIRTHPLACE (city or town) (State or country) St Marys Co Maryland

NFORMANT James Moore
(Address) 211 N. Carrollton Ave

URIAL, CREMATION, OR REMOVAL Date 12/29/33

Place Mt. Zion

NDERTAKER Mrs George E. Holland
(Address) 1631 Druid Hill

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-22-1933 to 12-25-1933

I last saw him alive on 12-23-1933 Death is said to have occurred on the date stated above, at 3.30 p. m.

The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset 3 days

Other contributory causes of importance:

bronchopneumonia — 3 days

Name of operation None Date of operation

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

CRD If so, specify

(Signed) John E. J. Campbell M. D.

(Address) 1119 N. Carrollton Ave

30—M. & T.—250 Blks

E 96759

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96759

82-001

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (NO. 1318 Edmonson ave ST., 16-01 WARD)

FULL NAME Alice Guild

RESIDENCE NO. 1318 Edmonson ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)
If residence is city or town where death occurred 30 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ed	colored	Widowed

If married, widowed, or divorced HUSBAND of WIFE of Wm Guild

DATE OF BIRTH (month, day, and year) March 24-1893

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	9	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer Self

(d) Birthplace (city or town) Maryland
(State or country)

NAME OF FATHER Henry Brown

BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

Informant Bessie Guild
(Address) 1318 Edmonson ave

Filed _____, 19__ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-26-1923

17 I HEREBY CERTIFY, That I attended deceased from 11-14, 1923, to 12-26, 1923, that I last saw her alive on 12-24, 1923, and that death occurred, on the date stated above, at 12:11 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. 1 mos 12 ds.

CONTRIBUTORY (Secondary) Hypertension + Arteriosclerosis (duration) yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Dan'l Lee Saunders, M. D.

12-27-1923 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Cemetery

DATE OF BURIAL 12/29/1923

20 UNDERTAKER Mrs. George H. Holland

ADDRESS 1631 Druid Hill Ave

E 98760 ✓ E 96760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1807 Park Ave. St. 13-01 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Laura Lindsay

(a) Residence: No. 1807 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) Feb. 14, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	13	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties 0 0
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Geo. W. Lindsay

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Elizabeth Auld

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mr. Geo. Carey Lindsay
(Address) 6212 York Road

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 12/29/33 19

UNDERTAKER John A. Natchell & Son
(Address) 1900 Eutaw Place

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 33 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19th, 1933, to Dec. 27th, 1933

I last saw her alive on December 26th, 1933. Death is said to have occurred on the date stated above, at 7 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with acute dilitation	Dec 19-

Other contributory causes of importance:

Name of operation ---------- Date of ----------

What test confirmed diagnosis? Personal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ---------- 19----

Where did injury occur? ----------
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) Wm Conrad Bode, M. D.

(Address) 1900 Maryland Ave.

E 96761

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96761

CERTIFICATE OF DEATH

47

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Garrison & Windsor Aves. St., 15-01 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Lillian Ward

(a) Residence: No. Windsor Court Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of ------ (or) WIFE of ---

DATE OF BIRTH (month, day, year) June 27, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secty.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.F.&G.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Samuel M. Ward

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary E. Yost

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Mr. Wm. H. Ward

(Address) 3002 Belmont Ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemy. Date Dec. 30, 19 33

UNDERTAKER H. C. Mitchell Sons

(Address) 1900 Eutaw Place

FILED ---, 19--- Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13th, 1933 to Dec. 27th, 1933

I last saw her alive on Dec. 27, 1933. Death is said to have occurred on the date stated above, at 12.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of both lungs.	1 yr.

Other contributory causes of importance:

Name of operation Breast operation Date of 1925

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Isaac C. Dickson M. D.

(Address) 3055 W. North Ave.

E 96762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 96762

Registered No. E 96762

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 125 W. Lanvale St. St. 11-06 Ward)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Florence Caldwell

(a) Residence: No. 125 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1/15/1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

13. NAME John K. Caldwell

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

15. MAIDEN NAME Harriet A. Norris

16. BIRTHPLACE (city or town)
(State or country) Md.

INFORMANT Mrs. Florence M. Reese
(Address) 125 W. Lanvale St.

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 12/30/33 19

UNDERTAKER John C. Mitchell & Son
(Address) 1900 Eutaw Place

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 33 19

22. I HEREBY CERTIFY, That I attended deceased from Apr 1st, 1933 to Dec 28th, 1933

I last saw her alive on Dec. 27, 1933 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary disease
Patient is bedridden
Vac.

Date of onset —

Other contributory causes of importance: ✓

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
✓ If so, specify.

(Signed) Edw. Warthup M. D.

(Address) 1515 Park Ave.

D. B. 12

E 96763

✓ E 96763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 12-01

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2742 N. Calvert St. St., 12 Ward)

gth of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edward Barney Smith

(5) Residence: No. 2742 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Croswell

DATE OF BIRTH (month, day, year) June 12, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Com. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Benj. F. Smith

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sarah Phillips

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Mrs. Albert Baum

(Address) 2742 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 12/29/33

UNDERTAKER John O. Mitchell & Sons Inc.

(Address) 1900 Eutaw Place

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27 33. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15 19 33 to Dec. 27 19 33

I last saw him alive on Dec. 26th 19 33 Death is said to have occurred on the date stated above, at 1:25 m.

The principal cause of death and related causes of importance were as follows: Bronchopneumonia. — Date of onset

Other contributory causes of importance: Hypocardiac Arteriosclerosis. Senility.

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) William A. Sinton M. D.

(Address) 2624 St. Paul St.

B. 1268 E 96764 ✓ E 96764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3-01 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Minnie Adovitz Newhouse

(a) Residence: No. 1427 Gough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Wolfe

DATE OF BIRTH (month, day, year) 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Russia

10. NAME Hattie Baer

11. BIRTHPLACE (city or town) (State or country) Russia

12. MAIDEN NAME Froma

13. BIRTHPLACE (city or town) (State or country) Russia

14. INFORMANT Mrs Edna Simon

(Address) 2411 Lakeview ave

15. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date Dec 29 1933

16. UNDERTAKER Sol Levinson & Bro

(Address) 1121 E Baltimore st

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28 1933

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1933, to December 28, 1933

I last saw her alive on December 28 1933. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, Type undet.	
Arteriosclerosis	
Chronic nephritis	
Cardiac Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

E 96765

E 96765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 N Patterson Park Ave St., 6-01 Ward)

If outside limits of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph F Heffernan

(a) Residence: No. 1615 N. Patterson Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of Harriett Heffernan
(or WIFE of)

DATE OF BIRTH (month, day, year) February 27 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Peter Heffernan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Archer

16. BIRTHPLACE (city or town) (State or country) Scotland

INFORMANT Mrs Harriett E. Heffernan

(Address) 1615 N Patterson Park Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemetery Date Dec. 31 1933

UNDERTAKER Denny Keech Sons, Inc

(Address) 301 E Eager St.

FILED Dec 33 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1933 to Dec 28 1933

I last saw him alive on Dec 28 1933 Death is said to have occurred on the date stated above, at 8. 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	3 Yrs
Hypertension	
Chronic Nephritis	
Other contributory causes of importance:	
Acute Cardiac Dilatation	Hrs.

Name of operation ..... Date .....

What test confirmed diagnosis ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

D. B. 1268-9 E 96766 E 96766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6700 German Hill Rd. St., 76-81 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Sobolewski

(a) Residence: No. 6700 German Hill Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Sobolewski

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country) Poland

12. NAME John Sobolewski

14. BIRTHPLACE (city or town)
(State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town)
(State or country) Poland

INFORMANT Mrs. Gutentko
(Address) 6700 German Hill Rd.

BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Dec. 30, 1933

UNDERTAKER P. W. Rozanski
(Address) 1930 Eastern Ave.

FILED ... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1933 to Dec. 27, 1933

I last saw h[illegible] alive on Dec. 27, 1933 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Insufficiency — Date of onset Dec. 23

Diabetes

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lucian Townsend ... M. D.

(Address) 2079 Eastern Ave. 12/27/33

E 96767 ✓ E 96767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 25-01

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4713 Pennington ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. da.

FULL NAME Lavinia Cumberland

(a) Residence: No. 4713 Pennington ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William Cumberland

DATE OF BIRTH (month, day, year) March 1-1853

AGE	Years	Months	Days 27	If LESS than 1 day, hrs. or min.
	80	9	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) A. A. Co., Md.

13. NAME Wm Wheeler

14. BIRTHPLACE (city or town) (State or country) A. A. Co Md.

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

INFORMANT Mrs. Geo. Calvert

(Address) 4713 Pennington ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Dec 30 1933

UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St

Filed ... 19... Registrar.

29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21 1933 to Dec. 28 1933

I last saw her alive on Dec. 28 1933 Death is said to have occurred on the date stated above, at 11:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Broncho.) (Primary)	Dec. 21 1933
Other contributory causes of importance: arthritis Deformans	Jan. 1930

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William Neal M. D.

(Address) 481 S Pennington ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96768

CERTIFICATE OF DEATH

89-001

E 96768

Registered No.

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. 25-61 St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reinhard Bethke

(a) Residence: No. 416 Gramercy (Brooklyn) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) March 27 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Harold Bethke

14. BIRTHPLACE (city or town) (State or country) Florida

15. MAIDEN NAME Lena Fehr

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Harold Bethke
(Address) Florida

BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Dec 30, 1933

UNDERTAKER John F. Denny
(Address) 113 Light St

FILED 19 [illegible] Registrar.

DEC 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1933 to December 28, 1933

I last saw h[illegible] alive on December 28, 1933. Death is said to have occurred on the date stated above, at 6:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Otitis (Media)	Nov 1
" Mastoiditis	Nov 2
Staphococcus (Meningitis)	Dec 8

Other contributory causes of importance:

Name of operation Myringotomy Date of Dec 20, 33

What test confirmed diagnosis: Bacteriological Was an autopsy? Non

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fern Lachman M. D.

(Address) Sydenham Hospital

D. B. 1268-9

✓ E 96769

HEALTH DEPARTMENT—CITY OF BALTIMORE

96769

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No.) Baltimore City Hospitals St., E-01 Ward)

gth of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Eliza Woolen

(a) Residence: No. 1822 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 29, 1852

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81	1	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records
(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Dec 29, 1933

UNDERTAKER Leo G. Brook
(Address) 1723 N. Patterson Park Ave.

FILED ..... 19.....
Registrar.

DEC 29 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1933 to Dec 26, 1933

I last saw her alive on Dec 26, 1933. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Myocardial Insufficiency

Date of onset: ?

Other contributory causes of importance:

Senility

Date of onset: ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) I. Phagiel, M. D.

(Address) Balt. City Hospitals

B. 1268-9

E 96770

E 96770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83

PLACE OF DEATH Maryland General Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 70-21 Ward)

rth of residence in city or town where death occurred 50 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joseph Ehatt.

(a) Residence: No. 3005 Strickland St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

f married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, year) Nov. 23, 1883

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	1	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Navy yard '31

8. Date deceased last worked at this occupation (month and year) Nov. 1933

11. Total time (years) spent in this occupation 27 yrs

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.

10. NAME George Ehatt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Ansth

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Samuel Ehatt

(Address) 4812 Montana Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1-1- 1934

UNDERTAKER F. B. Wright & Son

(Address) 3rd Eutaw & Lee

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1933 to Dec. 28, 1933

I last saw h... alive on Dec. 28, 1933 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

acute Cardiac Dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Hayes, M. D.

(Address) 3rd Eutaw & Lee

B. 1268-9

E 96771

E 96771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. 30-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2576 N. Baltimore St. St. 30 Ward)

h of residence in city or town where death occurred 29 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles H. Gelbach.

(a) Residence: No. 2576 N. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, WIFE or HUSBAND of Dora Gelbach.

TE OF BIRTH (month, day, year) February 11, 1871

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Sanitary

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Butchers. 186

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Fairfield, Pa.

NAME Joseph Gelbach.

BIRTHPLACE (city or town) (State or country) Pennsylvania.

MAIDEN NAME Eliza Rapensberger.

BIRTHPLACE (city or town) (State or country) Pennsylvania.

FORMANT (Address) Dora Gelbach. (wife) 2576 N. Baltimore, St.

RIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec 29 1933

NDERTAKER (Address) J. R. Pickett & Son 2305 Eastern Ave

ED DEC 29 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. H. Pinkard Coroner M. D.

12/26/33 (Address) 1017 E. Charles St.

D. B. 1268 E 96772 ✓ E 96772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Hillsdale St. 28-01 Ward)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 41 10 28

FULL NAME Catherine Paulus Vosburg

(a) Residence: No. 3701 Hillsdale Cat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Vosburg

DATE OF BIRTH (month, day, year) Jan 30 1892

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

8. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation None

BIRTHPLACE (city or town) (State or country) Pittsburgh Penna

13. NAME Lewis Paulus

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna Tschampell

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. C. A. Vosburg Husband

(Address) 3701 Hillsdale Rd

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 30 1933

UNDERTAKER Stewart & Mowbray

(Address) Baltimore Md

29 1933 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1933 to Dec 28 1933

I last saw h alive on Dec 28 1933 Death is said to have occurred on the date stated above, at 2.16 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia - right	12/18/33
Other contributory causes of importance:	
Cardiac failure	12/24/33

Name of operation None Date of

What test confirmed diagnosis? Clin. & Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Uhlenga M. D.

(Address) 4600 Liberty Heights Ave

D. B. 1268-9 E 96773

✓ E 96773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Women's Hospital St., 17-01 Ward)

Length of residence in city or town where death occurred 72 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 72 0 0

FULL NAME Elizabeth Grace McCullough

(a) Residence: No. Gunway Apts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) about 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 72	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Geo McCullough

14. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

15. MAIDEN NAME Elizabeth - ? ? ? ? ? ? ? ?

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs F. M. Birkitt (friend)

(Address) Belmont Hotel.

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Dec 30 1933

UNDERTAKER Lewis H. Nonin Co.

(Address) 1080 York Ave.

FILED [illegible] 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-26-33, 1933, to 12-28-33, 19..

I last saw h[illegible] alive on 12-28-33, 1933. Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Arterio-sclerotic myocarditis	
Congestive cardiac failure, chronic.	
Four year duration or more.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Beverley C. Compton M. D.

(Address) Woman's Hosp

D. B. 1268-9 E 96774 ✓ E 96774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 St Martins Rd St., 27-01 Ward)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? 68 yrs. 2 mos. 4 ds.

FULL NAME Florence Monroe Hardesty McIntire

(a) Residence: No. 14 St Martins Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of William H. McIntire

DATE OF BIRTH (month, day, year) October 24 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	2	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
8. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

9. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10. NAME Richard H. Hardesty

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. MAIDEN NAME Mary Rogers

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. INFORMANT Mrs Florence R. McIntire (Daughter)

(Address) 14 St Martins Rd.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 30 1933

UNDERTAKER Elliott Monroe Co.

(Address) 108 W Monument

FILED 1933 Dec 30 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1925 to Dec. 28, 1933

I last saw her alive on Dec. 28, 1933. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stokes Adams Disease (Heart Block) about	6 Wks
Apoplexy	
Other contributory causes of importance: Pernicious anemia	5 yrs
Arteris Selerosus	ago.

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Theodore H. Monroson M. D.

(Address) 1013 N. Charles St

E 96775

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96775

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME James B. Brown

(a) Residence: No. 1222 Madison Ave St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Brown

DATE OF BIRTH (month, day, year) Mar. 25-1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	9	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
8. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Robert Brown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Gross

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mary Brown (Sister)

(Address) 1222 Madison Av.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date Dec. 29th, 1933

UNDERTAKER John M. Johnson

(Address) 1300 Madison Av.

9 1933 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/11, 1933 to 12/26, 1933

I last saw him alive on 12/26, 1933 Death is said to have occurred on the date stated above, at 7:30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	?
Cystitis	

Other contributory causes of importance:

senility	3 years

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. R. Brown, M. D.

(Address) Balto City Hosp.

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96776

776

CERTIFICATE OF DEATH

92-001

Registered No.

PLACE OF DEATH Provident Hosp St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE (No.

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

ULL NAME Ella Hooper

(a) Residence: No. 909 Druid Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
ale	Col	Married

married, widowed, or divorced) HUSBAND of or) WIFE of Moses Hooper

TE OF BIRTH (month, day, year) 1893

Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Md.

NAME Henry Green

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Sarah Witson

BIRTHPLACE (city or town) (State or country) Md.

FORMANT (Address) Moses Hooper 909 Druid Hill

RIAL, CREMATION, OR REMOVAL Place Nat. Cadron Date Dec 31, 1933

NDERTAKER (Address) Jesse W. Redden 1436 W. Baltimore St

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Huck M. D.

Coroner

(Address)

B. 12 E 96777

HEALTH DEPARTMENT—CITY OF BALTIMORE

V — E 96777

93-004

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 520 Patapsco Ave. Brooklyn. 25-01 Ward)

h of residence in city or town where death occurred 73 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Ripnick.

(a) Residence: No. 520 Patapsco Ave. Brooklyn. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Married

married, ~~XXXXXXXXXX~~ d
HUSHAND of ~~XXXXXX~~ Emma Ripnick.

TE OF BIRTH (month, day, year) November 24, 1860

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cigar
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maker. 017
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME Do not know.

. BIRTHPLACE (city or town) (State or country) Do not know.

. MAIDEN NAME Do not know.

. BIRTHPLACE (city or town) (State or country) Do not know.

FORMANT Emma Ripnick.(wife)
(Address) 520 Patapsco Ave. Brooklyn.

URIAL, CREMATION, OR REMOVAL.
Place M. I. Cem. Cemetery Date 12/24/ 1933

NDERTAKER E. J. Fenning & Son
(Address) 938 Lafayette Ave.

ILED 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 10.30 a. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt M. D.
Coroner

12/26/33 (Address) 1017 E. Charles St.

D. B. 1268-9

E 96778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

778

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 N Fulton Ave St., 19-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Patrick Kelly

(a) Residence: No. 19 N Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Michael Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Coyne

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Margaret Forman

(Address) 19 N Fulton Ave

BURIAL, CREMATION, OR REMOVAL

Place Catholic Cem Date 12/3, 19

UNDERTAKER Joyce & Farley

(Address) Fulton Ave Etiquette

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/5, 1933, to 12/27, 1933

I last saw him alive on 12/27, 1933. Death is said to have occurred on the date stated above, at 9 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with metastasis to liver.	1 yr
Other contributory causes of importance: Anaemia and internal haemorrhages.	2 days

Name of operation ——— Date of ———

What test confirmed diagnosis? —— Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew C. Calusmos.

(Address)

E 96779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

779

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
CITY OF BALTIMORE: (No.) 319 Monroe St., 15 01 Ward)

(If not in city or town where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Usual place of residence in city or town

FULL NAME Rosie Adair.

(a) Residence: No. 319 Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Col	Widow

(If married, widowed, or divorced)
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 11-1874

Years	Months	Days	If LESS than 1 day, hrs. or min.
39	—	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

NAME Leo Webb

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME Dollie Leatherberry

BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Mary A. Giddings

(Address) 319 Monroe St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Dec 30 23

UNDERTAKER Thomas E. Kelson

(Address) 1302 Pennsylvania Ave

FILED 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (month, day, year) Dec 27th 23

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 23 to Dec 27 19 23

I last saw h alive on Dec 19 23 Death is said to have occurred on the date stated above, at Inquiry m.

The principal cause of death and related causes of importance are as follows:

	Duration	Date of onset
Lobar Pneumonia	3 Days	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

E 96780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Charles Streby

(a) Residence: No. 736 W. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
(or) HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 2, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

13. NAME Wm Streby ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Anna Rowland

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Dec 29, 1933

Removal to ..... by .....

UNDERTAKER .....

(Address) .....

FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1933 to Dec 28, 1933

I last saw him alive on Dec 28, 1933 Death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, Tabes	?
Aortitis & aortic insufficiency syphilitic	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. D. Hazell, M. D.

(Address) Balt. City Hosp

✓ E 96781

B. 1268-0

6781 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

34

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 664 W Lanatoga St. H-01 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Baby Girl Barnes

(a) Residence: No. 664 W Lanatoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Black	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 12-25-33

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) 664 W Lanatoga St
(State or country)

13. NAME Harrison Barnes

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Ruth Willis

16. BIRTHPLACE (city or town) Scranton Pa
(State or country)

17. INFORMANT Ruth Barnes
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 29 19 33

19. UNDERTAKER .....
(Address)

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-25-33, 19..., to 12-28-33, 19...
I last saw h er alive on 12-26-33 19.... Death is said to have occurred on the date stated above, at 2:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Lues	12-25-33

Other contributory causes of importance:

Maternal Lues	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) B. W. Donohue M. D.
(Address) University Hospital

D. B. 1268-9

E 96782

782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Balto City Hosp 15-21 St., Ward)

gth of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Robert Evans.

(a) Residence: No. 137 N Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Evans

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50?				

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 089

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Dec 29, 1933

UNDERTAKER

(Address)

Huntington Undertaking Co.

FILED Dec 29 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1933, to 12/28, 1933.

I last saw him alive on 12/28, 1933. Death is said to have occurred on the date stated above, at 4:40 am

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung (at) — Date of onset ?

Other contributory causes of importance:

Emphysema (at)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Bowers, M. D.

(Address) Balto City Hosp

O. B. 1268-9

✓ E 96783

6783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No.) Baltimore City Hosp. St. 16-21 Ward)

gth of residence in city or town where death occurred yrs. 18 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lorraine Chambers

(a) Residence: No. 1227 N. Filmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
...male	colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 1, 1907

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	10	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Chestertown Md

12. NAME Collins Chambers

13. BIRTHPLACE (city or town) (State or country) Chestertown Md

14. MAIDEN NAME Lillie Lonzo

15. BIRTHPLACE (city or town) (State or country) Washington D.C.

INFORMANT Records

(Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date Dec 29 19 33

UNDERTAKER

(Address)

FILED Huntington Titling Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28 1933 to Dec. 26 1933

I last saw her alive on Dec. 26 1933 Death is said to have occurred on the date stated above, at 5-45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, tuberculous	?
Other contributory causes of importance:	

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. P. Nassell M. D.

(Address) Balt. City Hosp.

9 1934

D. F. 1268-9

Albert J. Lawton ✓ F 96784

96784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. 1-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Albert J. Lawton

(a) Residence: No. 3009 Mc Elderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or WIFE of) Emma L. Lawton

DATE OF BIRTH (month, day, year) June 30 1865.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 078

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME OF FATHER Charles T. Lawton

14. BIRTHPLACE (city or town) (State or country) Vermont

15. MAIDEN NAME OF MOTHER Ella Wheeler

16. BIRTHPLACE (city or town) (State or country) W. Va.

INFORMANT Mrs. Emma L. Lawton.

(Address) 3009 McElderry St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 12/30/33 19

UNDERTAKER Harry J. Lutz & Co.

(Address) 4101 Edmondson Ave.

FILED 1/2/34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1933 to December 28, 1933

I last saw him alive on December 28, 1933. Death is said to have occurred on the date stated above, at 8.01 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Myocardial failure	

Other contributory causes of importance:

Some acute intra abdominal lesion - nature unknown ✓

Name of operation none. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

D. B. 1268-9

E 96785

HEALTH DEPARTMENT—CITY OF BALTIMORE

785

CERTIFICATE OF DEATH

46 ✓

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Baltimore Gen Hospital 28-81 Ward)

Length of residence in city or town where death occurred 36 yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Theophilus Spicer (Ada R. Spicer)

(a) Residence: No. 400 Gwynn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced WIFE of Theophilus T. HUSBAND of (or) Stephobus Spicer

6. DATE OF BIRTH (month, day, year) March 5, 1878.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 139

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Taylors Island, Md.

13. NAME Edwin L. Griffith

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mrs. Edwin Adeline Travers

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Theophilus T. Spicer

(Address) Taylors Island, Md.

BURIAL, CREMATION, OR REMOVAL

Place Taylors Island, Md. 12/30/33

UNDERTAKER Harry A. Witzke

(Address) 4101 Edmondson Ave.

FILED Huntington Ave. Baltimore, Md.

9154

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1933 to December 28, 1933

I last saw her alive on Dec. 28, 1933 Death is said to have occurred on the date stated above, at 1:23 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scirrhous Carcinoma of Sigmoid	?
Other contributory causes of importance: Cardiac Failure	12-26

Name of operation Resection of Malignant Growth End to end Anastomosis Date of operation 12-26-33

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

. B. 1268-9

E 96786

6786 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2124 Aiken St., 15-01 Ward)

gth of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Guy A. Parke

(a) Residence: No. 3637 Cottage Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~for~~ ~~WIFE of~~ Ruth V. Parke

ATE OF BIRTH (month, day, year) Sept 14th 1891

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at law

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

8. Date deceased last worked at this occupation (month and year) Dec 1933 | 11. Total time (years) spent in this occupation 12

BIRTHPLACE (city or town) Westminster
(State or country) Md

3. NAME Wm Parke

4. BIRTHPLACE (city or town) Westminster
(State or country) Md

5. MAIDEN NAME Nora McGee

6. BIRTHPLACE (city or town) Westminster
(State or country) Md

NFORMANT Mrs Ruth V. Parke

(Address) 2627 Cottage Ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 1st 1934

Wm Cook

NDERTAKER 1217 E Pratt St

(Address) Huntington Hill.

D 1933 . 19 Attorney

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Dec 1933

I last saw him alive on Dec 27 1933. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	6 months ago

Other contributory causes of importance:

home

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isidor J. Levy M. D.

(Address) 2324 Eutaw Place

B. B. 1268-9

E 96787

96787 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2330 Barclay St. 12-01 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Catherine Hess

(a) Residence: No. 2330 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of John Hess

DATE OF BIRTH (month, day, year) Nov 20th 1852

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
81	1	9	19

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

9. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

10. BIRTHPLACE (city or town) (State or country) York Co Pa

13. NAME OF FATHER Henry Sieling

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME OF MOTHER Eliza Small

16. BIRTHPLACE (city or town) (State or country) Pa

17. NAME OF INFORMANT Jamie E Hess

(Address) 2330 Barkley St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 1st 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1933 to Dec 29 1933

I last saw h[illegible] alive on Dec 29 1933 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	Dec 25
Senility	

Other contributory causes of importance:

Bronchial Pneumonia	Dec 28

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo T Pennington M. D.

(Address) 2332 Hampden

B. 1268-9

E 96788

6788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 5337 Reisterstown Rd St., 7th Ward)

gth of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mary M. Christler

(a) Residence: No. 5337 Reisterstown Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
male	White	Married

f married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John H. Christler

ATE OF BIRTH (month, day, year) Oct 22nd 1868

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	2	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year) X | 11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME George F. Wise

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT John H. Christler

(Address) 5337 Reisterstown Rd

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan 1st, 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams

01933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1933 to Dec. 29, 1933

I last saw h[illegible] alive on Dec 27, 1933 Death is said to have occurred on the date stated above, at 3 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Femoral artery	12/7/33

Other contributory causes of importance:

Hardening of Arteries & Chronic Myocardial Disease

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. C. Keener M. D.

(Address) 4901 Garrison Blvd

1-30—M. & T.—250 Bks.

E 96789

6789 HEALTH DEPARTMENT—CITY OF BALTIMORE

112

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No.) 2701 Riggs Ave ST., 16-9th WARD)

FULL NAME Lorin H Bowes (Lorin H. Bower)

RESIDENCE NO. 2701 Riggs Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
th of residence is city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
le	White	Married

arried, widowed, or divorced HUSBAND of or) WIFE of Vera Warfield Bower

TE OF BIRTH (month, day, and year) March 30, 1881

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	8	28	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Motorman (Retired) c 15

(b) General nature of industry, business, or establishment in which employed (or employer) United Railway & Elec

(c) Name of employer

BIRTHPLACE (city or town) Bowerston
(State or country) Ohio

NAME OF FATHER Charles S. Bower

BIRTHPLACE OF FATHER (city or town) Bowerston
(State or country) Ohio

MAIDEN NAME OF MOTHER Emma Ackerman

BIRTHPLACE OF MOTHER (city or town) Bowerston
(State or country) Ohio

Informant Mrs. Vera Warfield Bower
Address) 2701 Riggs Ave.

1933 ..... 19 ..... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28th 1933

17 I HEREBY CERTIFY, That I attended deceased from Sept 21st, 1933, to Dec 28th, 1933,
that I last saw him alive on Dec 26th, 1933,
and that death occurred, on the date stated above, at 8.20 P m.

The CAUSE OF DEATH* was as follows:
Bronchial Asthma
(duration) ..... yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Renal

(Signed) H. L. Rawlings, M. D.

Dec 28 1933 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL Dec. 30 1933

20 UNDERTAKER Dept H B Cook — ADDRESS 1003 West Baltimore St.

D. B. 1268-9

E 96790

6790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 53

Registered No.

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. Union Memorial Hospital D-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ength of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Eisemann (Elizabeth Eisemann)

(a) Residence: No. 1611 Bank St., Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
BUSBAND of (or) WIFE of Wilhelm Eisemann

DATE OF BIRTH (month, day, year) May 17, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	11/12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME France Imhoff (France Imhoff)

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eva Dornor

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Husband Wilhelm Eisemann
(Address) 1611 Bank St Baltimore

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 1, 1934

UNDERTAKER Detmold Mook
(Address) 1003 E. Baltimore St.

Huntington Williams, M.D.
Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1933 to Dec 29, 1933

I last saw her alive on Dec 28, 1933 Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Carcinomatosis	?

Other contributory causes of importance:

Cardiac failure	
Uremia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. B. Seetle, M. D.

(Address) Union Memorial Hospital

B. 1269-9

E 96791

HEALTH DEPARTMENT—CITY OF BALTIMORE

7791

CERTIFICATE OF DEATH

Registered No. 167

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. University Hospital St. 22-81 Ward)

th of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baltrus Mikuta

(a) Residence: No. 53 Washington Blvd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Mikuta

TE OF BIRTH (month, day, year) Sept 10, 1883

E Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	19 18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Lithuania

NAME Joseph Mikuta

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME

BIRTHPLACE (city or town) (State or country) Unknown

FORMANT Mrs Amelia Mikuta

(Address) 650 W. Lombard St

URIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/1 1934

NDERTAKER John F Howard & Son

(Address) 41 S Eutaw St

Huntington Williams, M.D.

Registrar

01933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Pistol wound of head — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 12-27 1933

Where did injury occur? Back Yd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 750 W. Pratt St

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Feldt, M. D.

Coroner

(Address) 29 E Eutaw St

H. 1265-0

E 96792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 167

96792
LACE OF DEATH Women's Hospital No. 1 Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ... St., ... Ward)

h of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alice M Doody

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice M Doody

TE OF BIRTH (month, day, year) Sept 22nd 1892

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
36	2	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
Date deceased last worked at this occupation (month and year) 1923 | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country)

NAME John Doody

BIRTHPLACE (city or town) Ireland
(State or country)

MAIDEN NAME Alice Scanlon

BIRTHPLACE (city or town) Md
(State or country)

FORMANT Mrs Alice M. Doody
(Address) 1121 Washington Blvd

URIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem Date 1/1 1934

NDERTAKER John F Cowan & Son
(Address) 1 Hamilton Terrace

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Death is said I last saw h... alive on ... 19... to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured femur	
Fat tumor	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury 12/27 1933

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.
Coroner

(Address)

R. 1288-0

96793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 S. Bond St. 3-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Hugo Steinhauer

(a) Residence: No. 720 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2, 1872

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Richard J. Meyer

(Address) 620 Aisquith St.

BURIAL, CREMATION, OR REMOVAL

Place National Date 12/30/33 19

UNDERTAKER Richard J. Meyer

(Address) 620 Aisquith St.

DEC 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ——— 19— to ——— 19—

I last saw h— alive on ——— 19— Death is said to have occurred on the date stated above, at 5:20 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ——— 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Sherman M.D. M. D.

(Address) 1305 N. Patterson Park Ave

R. 1268-0

M E 96794

5794 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

210-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) Balto City Hospitals St., 13-21 Ward)

th of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Walter Harvey Emson.

(a) Residence: No. 809 Towson st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Jan 27 1895.

E Years	Months	Days	If LESS than 1 day, hrs. or min.
38.	11.	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Memorial Hosp.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto Co. Md.

NAME Franklin Emson.

IRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Vickey Tumbkey.

IRTHPLACE (city or town) (State or country) Md.

FORMANT Vickey Emson. (mother)

(Address) 809 Towson st.

URIAL, CREMATION, OR REMOVAL

Place Bd Christ Cem Date Jan 1, 1933

NDERTAKER Walter Eginn

(Address) 341 E Lanvale st

Huntington Funeral Home, Inc.

1933 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 33 to Dec 19 33

I last saw h alive on Dec 19 33 Death is said to have occurred on the date stated above, at 8.50 P m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12. 23. 1933

Where did injury occur? Pula Rd + 63rd St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving

Nature of injury Hit a pole on Pula. Rd

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

D. B. 1268-9

E 96795

5795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 19-01 Ward)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Sawyer

(a) Residence: No. 503 McHenry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa Sawyer

6. DATE OF BIRTH (month, day, year) June 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 35 yrs

BIRTHPLACE (city or town) (State or country) Germany

12. NAME Sawyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 1/4 19 34

UNDERTAKER Lobar Brooks & Son
(Address) Calvert & Baltimore Sts

Filed ... 19... Registrar

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1933 to Dec 29 1933

I last saw h alive on Dec 29 1933 Death is said to have occurred on the date stated above, at 10:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Rectal Tumor	11/2/33
Other contributory causes of importance:	
Cellulitis Left thigh & leg	12/20/33
Hypostatic Pneumonia	12/26/33

Name of operation Incision & Drainage Date 12/2/33

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward L. Frank M. D.

(Address) Mercy Hospital

B. 1268-9

E 96796

HEALTH DEPARTMENT—CITY OF BALTIMORE

5796

CERTIFICATE OF DEATH

Registered No. 180

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Pronounced dead at Mercy Hospital St. 5-01 Ward)

OF BALTIMORE: (No.

th of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John E Cook

(a) Residence: No. 1474 High St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	married

married, widowed, or divorced
(HUSBAND of (or) WIFE of Emma Cook

TE OF BIRTH (month, day, year) Dec 24 1861

E Years	Months	Days	If LESS than 1 day, hrs. or min.
72		2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Washington DC

2. NAME Thomas Cook

3. BIRTHPLACE (city or town) (State or country) Washington DC

4. MAIDEN NAME Emma Heller

5. BIRTHPLACE (city or town) (State or country) Washington DC

NFORMANT Raymond Cook

(Address) Washington DC

URIAL, CREMATION, OR REMOVAL

Place National Cem Date 1/3 19 33

UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

01933 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26. 1933

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on January . 19 Death is said to have occurred on the date stated above, at January

The principal cause of death and related causes of importance were as follows:

Date of onset

~~a~~ Burns over entire body
Face upper part
Head Face & Hands

Other contributory causes of importance: Had pneumonia & clothes caught fire when he arose

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury . 19

Where did injury occur? Fell City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home alone

Manner of injury Burns

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James M Fenton M. D.
Coroner

(Address) 700 Chase

D. B. 1268-9

E 96797

6797 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 4301 Hayward Ave., St., 27-01 Ward)

gth of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mollie V. Coscia

(a) Residence: No. 4301 Hayward Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George Coscia

ATE OF BIRTH (month, day, year) April 30, 1863

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

13. NAME David L. Slade

14. BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

15. MAIDEN NAME Ada Z. Parrish

16. BIRTHPLACE (city or town) .....
(State or country) Md.

INFORMANT Mr. George Coscia
(Address) 4301 Hayward Ave.

BURIAL, CREMATION, OR REMOVAL Balto.
Place Stone Chapel Cem. Date Dec. 30, 19 33

UNDERTAKER Wm. J. Tickner & Son
(Address) Hotel & Pa Ave

FILED ..... 19..... Registrar.

0 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1930 to Dec. 28, 1933

I last saw h... alive on Dec. 28, 1933 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Autumn

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. M. Slade M. D.

(Address) Reisterstown Md

D. B. 1268-9

E 96798

96798 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Johanna Raab

(a) Residence: No. 2800 W. Lanvale St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
~~HUSBAND of~~ (or) ~~Wife of~~ Adam Raab

6. DATE OF BIRTH (month, day, year) June 14 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64 yrs	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Chas Klaska

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Lee C Morris

(Address) 2802 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 1 - 1933

19. UNDERTAKER John Albert

(Address) 2008 Eutaw

19a. Huntington Williams

0 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/19/33, 1933, to 12/28, 1933

I last saw h[illegible] alive on 12/28 1933. Death is said to have occurred on the date stated above, at 6:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Secondary Diabetes	
Uremia	
Hypostatic pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Warman M. D.

(Address) Mercy Hospital

O. B. 1268-9

E 96799

6799 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 172-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Balto city Hospitals Ward)

gth of residence in city or town where death occurred 5yrs mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lilly Mae Tyler

(a) Residence: No. 617 Hunt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

If married, widowed, or divorced
HUSBAND of Cary Tyler.
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 2 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61		26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Herbert Brown.

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Leah Jones

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

INFORMANT Ann Mary Jones
(Address) 904 Bolton

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/1/34, 19

UNDERTAKER Samuel F. Merrifield Co
(Address) 508 N Eutaw St
Huntington Phillips Mgr

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1933, to 12/28, 1933

I last saw her alive on 12/28, 1933 Death is said to have occurred on the date stated above, at 2 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2 d
Asthma	

Other contributory causes of importance:

Name of operation Pulmonary Edema Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, (Signed) H R Brown M. D.

(Address) Balto City Hosp

1268-9

E 96800

6800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Hopkins Hospital St., 7-06 Ward)

How long in U. S. If of foreign birth? yrs. mos. ds.

of residence in city or town where death occurred yrs. mos. 1 ds.

FULL NAME Margaret Wilson

(a) Residence: No. Woodstock, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	black	single

married, widowed, or divorced
HUSBAND of
or) WIFE of

E OF BIRTH (month, day, year) August 4/33

Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	25 24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Woodstock, Md.

NAME Herman S. Wilson

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MAIDEN NAME Veronica Bennett

BIRTHPLACE (city or town) (State or country) Woodstock, Md.

FORMANT Veronica Wilson

(Address) Woodstock, Md.

RIAL, CREMATION, OR REMOVAL

Place Woodstock Md Date 12/30/ 1933

NDERTAKER Mrs. George A. Kelly

(Address) 1632 Druid Hill Ave.

1933 , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28/33 , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy & Dilatation	

Other contributory causes of importance:

Rickets

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Paul M. D.

Coroner

(Address) 506 E Monument

c.—9-30—A & Co.—250 Bks

E 96801

6801 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 23

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 806 Edmondson Ave ST. 16-01 WARD)

2-FULL NAME Charles H. Johnson

(a) RESIDENCE NO. 806 Edmondson Ave ST.. WARD Catonsville Md
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. 6 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) April 4, 1916

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	8	23	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Wallace O Johnson

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Augusta Davis

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

Informant Wallace O. Johnson
(Address) 806 Edmondson ave

Filed ... 19 ... Registrar

1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-27-33

17

I HEREBY CERTIFY, That I attended deceased from Dec 25th, 1933, to Dec 27th, 1933

that I last saw him alive on Dec 27th, 1933

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Influenza

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Catonsville Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sputum Test.

(Signed) Jas C Carson M. D.

. 19 (Address) 1433 Madison Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem

DATE OF BURIAL Dec 31st 1933

20 UNDERTAKER Joseph A Lively

ADDRESS 409 N. Monroe St

E 96802

6802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 4501 Kathland Ave St. 28-01 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary Catherine Pearce

a) Residence: No. 4501 Kathland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles E Pearce

ATE OF BIRTH (month, day, year) July 24 1854

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	5	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore Md.
(State or country)

9. NAME Mary E Quill

10. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

12. MAIDEN NAME Margaret E. Gillis

13. BIRTHPLACE (city or town) Carroll Co Md.
(State or country)

NFORMANT Mrs. Mable Davenport
(Address) 4501 Kathland Ave.

URIAL, CREMATION OR REMOVAL
Place Loudenslager Date Dec 30 1933

NDERTAKER Hughes & Brashears
(Address) 2411 W. Franklin

DEC 30 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Thur Dec 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 193?, to Dec 28, 193?

I last saw her alive on Dec 28 193? death is said to have occurred on the date stated above, at 1050 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Dec 20 '33

Other contributory causes of importance:
Cerebro Sclerosis Chronic
Duct Nephritis Chronic Interstitial
Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm B Freeman, M. D.

(Address) 7187 Pat Place

D. B. 1268-9

E 96803

96803 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3714 Edmondson Avenue St. 16-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME LOUISE MARGARET KRIES

(a) Residence: No. 3714 Edmondson Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael A. Kries

6. DATE OF BIRTH (month, day, year) Mar. 14 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

13. NAME Albert B. Schultz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary E. Holeman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. John A. Kries
(Address) 3714 Edmondson Avenue

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 1/2 1933

UNDERTAKER Chas. F. Troutman
(Address) 118 W. Fayette St.

FILED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3 1920 to Dec 29 1933
I last saw h... alive on Dec 28 1933 Death is said to have occurred on the date stated above, at 2.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation Pulmonary Oedema	Dec 27
Chronic Interstitial Nephritis & Hypertension	1926

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harwood Kelly M. D.

(Address) 2027 W Pratt St

D. B 1268-9

E 96804

96804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb. 6-11)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Emma Stitchell (STICHEL)

(a) Residence: No. 224 N. Port st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Otto Stitchell

6. DATE OF BIRTH (month, day, year) April 9, 1898

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
35	8	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Bentz

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Caroline Young

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Grove Cem. Date Jan 2 1934

19. UNDERTAKER Chas. F. Wade & Son
(Address) 18 W. Mt. Royal Ave

Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1933 to Dec. 28, 1933

I last saw her alive on Dec. 28, 1933. Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1924

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupatinn of deceased? No If so, specify .....

(Signed) /Phasell M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

E 96805

96805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 East 28th St. 17-C1 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CATHERINE DAIRE MURRAY

(a) Residence: No. 305 E. 28th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael F. Murray

7. DATE OF BIRTH (month, day, year) May 7 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME James Daire

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Brennan

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Miss Rose Murray

(Address) 305 E. 28th St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Jan. 1 1934

UNDERTAKER Chas. H. Grace & Son

(Address) 118 W. Lexington Street

Filed 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1933 to December 29 1933

I last saw her alive on December 25 1933. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Bronchitis — Date of onset 11/VI/33

Other contributory causes of importance:

Cerebral Thrombosis — 12/4/33

Name of operation ✓ Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter E. Mitchell, M. D.

(Address) 711 W. Mulberry [illegible]

B. 1268-6

E 96806

96806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 823 Hanover St. St. 23-01 Ward)

th of residence in city or town where death occurred 76 yrs. 7 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Haenftling.

(a) Residence: No. 823 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single.

married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

TE OF BIRTH (month, day, year) May 13, 1857

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME George Haenftling.

. BIRTHPLACE (city or town) (State or country) Germany.

. MAIDEN NAME Mary ----------

. BIRTHPLACE (city or town) (State or country) Germany.

NFORMANT Joseph C. Sarbacher. (cousin)

(Address) 2644 Maryland Ave.

RIAL, CREMATION, OR REMOVAL

Place Eastern Cem Date Dec 30th 1933

NDERTAKER E. Schulman & Son

(Address) 1639 Hanover st

FILED 1933 Registrar. 12/28/33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at : m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Otto M. Steinhart Coroner . M. D.

Address 1017 E. Charles St.

E 96807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6807 ✓190

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 878 McKim St., 10-01 Ward)

If of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Andrew Parker

(a) Residence: No. 878 McKim St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Single

If married, widowed, or divorced
(HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 26/1913

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20	4	4 2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Balto., Md.

12. NAME Robert Parker

13. BIRTHPLACE (city or town) (State or country) Balto., Md.

14. MAIDEN NAME Fanny Weston

15. BIRTHPLACE (city or town) (State or country) Balto., Md.

16. INFORMANT Fanny Weston Parker (mother)

(Address) 1847 Pressman St.

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 12/30 33

18. UNDERTAKER Charles H Burkett

(Address) 32 & Lanvale sts

Registered 1033 Entered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28/33. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at before 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Probably Malnutrition & Exposure to cold

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J S Hoge M. D.

(Address) 708 E Fort Ave Coroner

E 96808

6808 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. V 82-001

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

TY OF BALTIMORE. (No. 1243 Edythe St. 5-01 WARD)

2 FULL NAME Phoebie Barnes

(a) RESIDENCE NO. 1243 Edythe ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	Color	widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) Aug 23 1/4

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	4	6	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) (State or country) N. C.

10 NAME OF FATHER William Thomas.

11 BIRTHPLACE OF FATHER (city or town) (state or country) N C

12 MAIDEN NAME OF MOTHER Rosa Thomas.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) NC

Informant Bertha Lancey
(Address) 1243 Edythe St

Huntington W. Va.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28-33

17

I HEREBY CERTIFY, That I attended deceased from 12-23-, 1933, to 12-28-, 1933

that I last saw her alive on 12-27-, 1933

and that death occurred, on the date stated above, at 12.05 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Langley M. D.

12-28 1933 (Address) 611 N Carolina

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	Dec 30 1933
UNDERTAKER	ADDRESS 1129
Mrs R. A. Elbert	N Carolina

30 1933

E 96809

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

809

CERTIFICATE OF DEATH

93-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 763 W. Pratt St. 22-01 Ward)

gth of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William L. Andrews

(a) Residence: No. 763 W. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura R. Andrews

ATE OF BIRTH (month, day, year) 1880

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miller 040

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Petersburg Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Laura R. Andrews
(Address) 763 W. Pratt St

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 1 1934

UNDERTAKER James A. Hayes
(Address) [illegible]

FILED ... 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1933 to Dec 29 1933

I last saw him alive on Dec 27 1933 Death is said to have occurred on the date stated above, at 6 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of the heart	Nov. 33
Other contributory causes of importance: Acute Myocarditis	Nov. 33

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John W. Gaines M. D.

(Address) 615 S. Paca St

D. B. 1268-9

E 96810

HEALTH DEPARTMENT—CITY OF BALTIMORE

96810

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hospitals 7-01 Ward)

gth of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Jane Fearce

(a) Residence: No. 1627 Abbott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Hasan Fearce

DATE OF BIRTH (month, day, year) ? .6

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Marlboro
(State or country) Va

12. NAME David Owens

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Nancy ?

16. BIRTHPLACE (city or town) Va
(State or country)

INFORMANT Friends
(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Mahessrin Va Date Dec 30 1933

UNDERTAKER Mrs B. G Elliott
(Address) 1129 N. Caroline

Cremation Columbia, Md.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27. 1933

22. I HEREBY CERTIFY, That I attended deceased from May 2 . 1931. to Dec. 27 . 1933

I last saw h alive on Dec. 27. 1933 Death is said to have occurred on the date stated above, at 1145 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general.	?
Hypertension	?
Myocardial Insufficiency	?
Nephritis, arteriosclerotic	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. D. Gragiel M. D.

(Address) Balt. City Hosp.

B. 1268-9

E 96811

HEALTH DEPARTMENT—CITY OF BALTIMORE

96811

CERTIFICATE OF DEATH

V 87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St., 6-01 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Norman Johnson

(a) Residence: No. 73 N Fotheran St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

married, widowed, or divorced
RE HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Aug 1904

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	4		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md

. NAME Norman Johnson

. BIRTHPLACE (city or town) (State or country) Md

. MAIDEN NAME Unk

. BIRTHPLACE (city or town) (State or country) Md

FORMANT Lillian Robinson

(Address) 864 Saratoga St

RIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date 12/30, 1933

NDERTAKER Isaiah L Brown Son

(Address) 1600 Washington Ave Hillsdale, N.J.

1933 ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Aut? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) C C Norris M D, M. D.
Coroner

(Address) 1305 N Fulton Ave

12-9-25—A Co—200 Blks.

812

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96812

146

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

of BALTIMORE: (No. 756 McHenry St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W. Krebs

(a) RESIDENCE NO. 756 McHenry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 74 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Krebs

TE OF BIRTH (month, day, and year) Dec 18-1859

Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
74		10	

CUPATION OF DECEASED

) Trade, profession or rticular kind of work: Retired

) General nature of industry, siness, or establishment in hich employed (or employer)

) Name of employer

ITHPLACE (city or town) Baltimore

(State or country) Md.

0 NAME OF FATHER John J. Krebs

1 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

2 MAIDEN NAME OF MOTHER Barbara

3 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

Informant Mary E. Kerrigan

(Address) 756 McHenry St

Filed ... Registrar's Number ...

1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec. 28, 1933

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to Dec. 28, 1933, that I last saw him alive on Dec 28, 1933, and that death occurred, on the date stated above, at 10 00 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Blake, M. D.

. 19 (Address) 523 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gordon-Park[illegible] Date of Burial June 2 19 34

20 UNDERTAKER E. J. Whitfield ADDRESS 800 Eutaw Place

B. 1268-9

E 96813

HEALTH DEPARTMENT—CITY OF BALTIMORE

6813

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1214 Ellins St. 17-01 Ward)

th of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Ella A Eckles

(a) Residence: No. 1214 Ellins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	

married, widowed, or divorced
HUSBAND of
(or) WIFE of Jos. H. Eckles

TE OF BIRTH (month, day, year) ? 1859

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Md
(State or country)

. NAME Mrs Olsen

. BIRTHPLACE (city or town) Md
(State or country)

. MAIDEN NAME Eliz. Malden

. BIRTHPLACE (city or town) Md
(State or country)

FORMANT Lillian Walters
(Address) 1214 Ellins St

URIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 12/30/33 19

NDERTAKER Mrs. George H. Hollet
(Address) 1436 Lombard St
Washington Funeral Home

D 1933 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1933 to Dec 27, 1933

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance: ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edw. J. Sadler M. D.

(Address) 1200 Druid Hill Ave

R. 1268-9

E 96814

814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1236 N Lafayette Ave 16-01 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lottie Matthews

(a) Residence: No. 1236 N Lafayette Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Colored	Divorced

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Nov 1878

E 55 Years	Months	Days	If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 021

IRTHPLACE (city or town) (State or country) Md

. NAME Rose Traylor

. BIRTHPLACE (city or town) (State or country)

. MAIDEN NAME Lottie Stallard

. BIRTHPLACE (city or town) (State or country) Va

NFORMANT Minnie Taylor

(Address) 1236 N Lafayette Ave

URIAL, CREMATION, OR REMOVAL

Place Parkers Va Date 12/30 1933

NDERTAKER Samuel J Bounds Sr

(Address) 578 N Bradford St

D 1933 .19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28- 1933

22. I HEREBY CERTIFY, That I attended deceased from .19 . to .19

last saw h alive on .19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Valvular disease of the heart.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Edwin J Morrison Coroner

(Address) 5437 Roland Ave M. D.

D. B. E 96815 — Edna C. Abell — E 96815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Fabius St. 27-41 Ward)

Length of residence in city or town where death occurred 65 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Edna C. Abell

(a) Residence: No. 1207 Fabius Ave St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Abell

DATE OF BIRTH (month, day, year) Oct 1, 1878

6. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
55	2	28	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

9. Date deceased last worked at this occupation (month and year) ____ 10. Total time (years) spent in this occupation ____

BIRTHPLACE (city or town) (State or country) Mt. Washington Md

13. NAME George Henry Palmer

14. BIRTHPLACE (city or town) (State or country) Freeland Md

15. MAIDEN NAME Sarah C. Freeland

16. BIRTHPLACE (city or town) (State or country) Freeland Md

INFORMANT Chester R. Palmer

(Address) 1207 Fabius ave

BURIAL, CREMATION, OR REMOVAL Mt. Lebanon Cem Date Dec 31, 1933

Place Mt. Lebanon Cem

UNDERTAKER H. Lennox Dyer

(Address) 3617 Chestnut Ave

FILED Dec 31 1933, 19____

C 301933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1933 to December 29, 1933

I last saw her alive on December 28, 1933 Death is said to have occurred on the date stated above, at 3:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 18, 1933
Other contributory causes of importance: Hypostatic Pneumonia	Dec 25, 1933

Name of operation ✓ Date of ____

What test confirmed diagnosis? Symptoms Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19____

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) William A. Abell M. D.

(Address) 1207 Fabius Ave

2-29-28—L. F. S.—60 [illegible]

E 96816

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96816

V 108

CERTIFICATE OF DEATH

REGISTERED NO.

PLACE OF DEATH 502 N Wolfe St

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) 502 N Wolfe St (WARD) 21-C

FULL NAME Isabella Cager

) RESIDENCE NO. 502 N Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

[illegible]narried, widowed, or divorced HUSBAND of (or) WIFE of: Tom Cager

E OF BIRTH (month, day, and year): 1878

Years	Months	Days	If LESS than 1 day, hrs. or min.
55	—	—	—

UPATION OF DECEASED

Trade, profession or ticular kind of work: Domestic

General nature of Industry, iness, or establishment in ch employed (or employer): —

Name of employer: —

THPLACE (city or town) ate or country): Maryland

NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (city or to (State or country): Unknown

MAIDEN NAME OF MOTH: Ella Hawkins

BIRTHPLACE OF MOTHER (city or town): Md (State or country)

Informant: Son

(Address)

[illegible] 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 28, 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933 to Dec 28, 1933

that I last saw h[illegible] alive on Dec 28, 1933

and that death occurred, on the date stated above, at 4 11 P m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Dr F Hampton M. D.

, 19 (Address) 501 Westbourne

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elmer C. Woods

DATE OF BURIAL: Dec 31 19 3

20 UNDERTAKER: Mt Calvary Cemetery

ADDRESS: [illegible] and 000 Reading

D. B. 1268-9 E 96817 E 96817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-a Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Ziegler

(a) Residence: No. Fern Park, Florida St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 20 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mercy Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Casper Ziegler

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Alice Langford

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rolandale Ills. Date 12/30, 1933

19. UNDERTAKER Geyer & Tinley
(Address) Fullerton Ills

20. FILED ... 19... Registrar.

AX 1633

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1933 to Dec. 30, 1933

I last saw her alive on Dec 30, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 mos.
Tuberculous Peritonitis	4 mos.

Other contributory causes of importance:
Secondary Anemia

Name of operation Exploratory Laparotomy, Date of 11, 7, 33
What test confirmed diagnosis? Clinical, Laboratory, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify...

(Signed) E. J. Burns M. D.
(Address) Mercy Hospital

E 96818

HEALTH DEPARTMENT CITY OF BALTIMORE

E 96818

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 E 27th St. 12-01 Ward)

(a) Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Mary A Joyce

(a) Residence: No. 32 E. 27th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

9. NAME Andrew McGrath
10. BIRTHPLACE (city or town) (State or country) Ireland
12. MAIDEN NAME Mary Corbett
13. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Roy Applegate
(Address) 32 E 27th St

BURIAL, CREMATION, OR REMOVAL
Place Trenton NJ Date Dec 30, 1933

UNDERTAKER John F Miller
(Address) 2435 E Oliver St

DEC 30 1933, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1933, to Dec 30, 1933
I last saw h[illegible] alive on Dec 30, 1933 death is said to have occurred on the date stated above, at 2.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	12/25/33
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Fred B. Lybert, M. D.
(Address) 2807 Harford Ave.

E 96819 E 96819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE (No.) Baltimore City Hospitals 4-C (Ward)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles F. Gallagher

(a) Residence: No. 644 W Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 11, 1907

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
26	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. >

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Allentown Pa

13. NAME Edgar Gallagher

14. BIRTHPLACE (city or town) (State or country) Allentown Pa

15. MAIDEN NAME Rose Ott

16. BIRTHPLACE (city or town) (State or country) Allentown Pa

INFORMANT Records (Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL Place Allentown Pa Date Dec 30 1933

UNDERTAKER Wm C. Mitchell & Son (Address) 900 Eutaw Place

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1933 to Dec 29, 1933

I last saw him alive on Dec. 29, 1933 Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I Phagill, M. D.

(Address) Balt. City Hosp

61933

E 96820

D. B. 1[illegible] E 96820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 E. Balto St 3-01 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? 17 yrs. mos. ds.

2. FULL NAME Samuel Shane

(a) Residence: No. 1305 E. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Black Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 06

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Phillip Shane

(Address) 1200 S. Charles St

BURIAL, CREMATION, OR REMOVAL

Place Levering Hum Date 1-2-31-33 19

UNDERTAKER Jack Lewis Inc

(Address) 1432 E. Balto St

FILED 1 31 1933 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22 1933 to Dec. 29th 1933

I last saw him alive on Dec. 29 1933. Death is said to have occurred on the date stated above, at 7:15 p m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema.
Hypertensive, arterio-sclerotic cardio-vascular Renal disease.
Senility

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) Harry A. Jones M. D.

(Address) 720 Cregent St.

D. P. 1208-9

E 96821

Dr Feinstein

E 96821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S Payson St. 70-01 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth 32 yrs. mos. ds.

2. FULL NAME Dayson Gerber

(a) Residence: No. 324 S. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

If married, widowed or divorced
HUSBAND of (or) WIFE of Fannie

DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taylor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Fannie Gerber

(Address) 3108 W. Garrison

BURIAL, CREMATION, OR REMOVAL

Place Mush Rd Date 12-31-33 19

UNDERTAKER Jack Levin Son

(Address) 1432 E. Baltimore St

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30- 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1933 to Dec 28 1933

I last saw him alive on Dec 28 1933 Death is said to have occurred on the date stated above, at 5½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch myocarditis	
Other contributory causes of importance:	
Carcinoma of rectum.	

Name of operation Biopsy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I G Feinstein M. D.

(Address) 733 Argyle St

D. R. 126 E 96822 E 96822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 Harford St. 10-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Dorothy A. M. Cook

(a) Residence: No. 1031 Harford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 6 1914

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	1	22 23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Paris
(State or country) Md

13. NAME Dorothy A. Cook

14. BIRTHPLACE (city or town) Balto
(State or country)

15. MAIDEN NAME Adelia A. O'Connor

16. BIRTHPLACE (city or town) Balto
(State or country) Md

INFORMANT Mrs A. A. O'Connor
(Address) 1031 Harford Ave

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral 1/2 1933

UNDERTAKER Mary A. Donathen
(Address) 2439 Raynor

FILED Dec 31 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1933 to Dec 29th 1933

I last saw her alive on Dec 28th 1933 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1 yr
Chr Endocarditis	

Other contributory causes of importance:

Asthma	About 1 yr
Paralysis (Probably Infantile)	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E. N. C. Cook M. D.

(Address) 1114 Harford Ave

B. 1268 E 96823

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96823

CERTIFICATE OF DEATH

X 131

PLACE OF DEATH

Registered No. 24-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 130 E. Fort Ave St. Ward)

th of residence in city or town where death occurred 59 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ella F. Ford

(a) Residence: No. 7709 Old Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas W. Ford

ATE OF BIRTH (month, day, year) April 4 1861

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Eastern Shore Md.
(State or country)

. NAME Henry Landon

. BIRTHPLACE (city or town) Eastern Shore Md.
(State or country)

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) Unknown
(State or country)

NFORMANT Mrs Ruby Crosby
(Address) 7709 Old Harford Road

URIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Jan 1 1934

NDERTAKER J. F. McCully
(Address) 130 E. Fort Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1933 to Dec 28 1933

I last saw h[illegible] alive on Dec 27 1933. Death is said to have occurred on the date stated above, at 6.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	12 yrs

Other contributory causes of importance:

Aortic Insufficiency	
Chronic Nephritis	7
Chronic Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm B Freeman M. D.
(Address) 710 N Pettiscus Ave

B. 1268-

E 96824

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96824

CERTIFICATE OF DEATH

82-001

21-01

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE (No. 1147 Nanticoke St. St. ..... Ward)

th of residence in city or town where death occurred 61 yrs. 0 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Elizabeth E. Nevaker.

(a) Residence: No. 1147 Nanticoke St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

XXXX widowed, of XXXXX
XXXXXXXX (or) WIFE of Peter J. Nevaker

TE OF BIRTH (month, day, Year) December 26, 1872

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	0	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME Frederick Itzel.

. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

. MAIDEN NAME Mary A. Gerlach.

. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NFORMANT Elmer P. E. Nevaker. (son)
(Address) 1147 Nanticoke St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 7. 1934

UNDERTAKER Mr & Mrs. J. W. Teufel & Son
(Address) 30 W. Lanvale St.

FILED Dec 31 1933. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt Coroner, M. D.

12/29/33 (Address) 1017 E. Charles St.

E 96825

E 96825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 130

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 131 W Cross St. 23-21 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Adolph Finger

(a) Residence: No. 131 W Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Finger

ATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	-		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolen Factory
8. Date deceased last worked at this occupation (month and year) Dec 1933
11. Total time (years) spent in this occupation 46

BIRTHPLACE (city or town) (State or country) Germany

9. NAME Arthur Finger

10. BIRTHPLACE (city or town) (State or country) Germany

11. MAIDEN NAME Emma A. Traupel

12. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Geo. Finger Jr.
(Address) 131 W. Cross St.

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. 1/1 1934

UNDERTAKER Jos. Kemp's Sons
(Address) 317 E. Lexington St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1933 to Dec. 29, 1933

I last saw him alive on Dec. 28, 1933 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Paranchymatous Nephritis	Dec 1933
Other contributory causes of importance: Arteriosclerosis	

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Vincent Degen M. D.

(Address) 923 Hanover St.

B. 12 E 96826 E 96826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

PLACE OF DEATH :

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1511 W. Pratt St. St. 19-01 Ward)

th of residence in city or town where death occurred 8 yrs. ~~mos. ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Camilla H. Dougherty.

(a) Residence: No. 1511 W. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Married

married, ~~XXXXXXXXXX~~ (or) WIFE of Michael S. Dougherty.

TE OF BIRTH (month, day, year) July 10, 1897

E Years	Months	Days	If LESS than 1 day, hrs. or min.
36	5	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Scranton, Pa.

. NAME ------- Burnett.

. BIRTHPLACE (city or town) (State or country) Scranton, Pa.

. MAIDEN NAME Mary A. ---------

. BIRTHPLACE (city or town) (State or country) Scranton, Pa.

NFORMANT Michael S. Dougherty. (husband)

(Address) 1511 W. Pratt St.

URIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery Date 1/1 19 34

NDERTAKER John J. Fogarty & Son

(Address) 1318 Eight St. N.E.

LED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1933 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

12/29/33 (Address) 1017 E. Charles St.

R 1268-9

E 96827 HEALTH DEPARTMENT—CITY OF BALTIMORE E 91827.

CERTIFICATE OF DEATH

108

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 427 N. Durham St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

ULL NAME Wesley Dockins

(a) Residence: No. 427 N. Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	black	widower

married, widowed, or divorced
USBAND of
or) WIFE of

E OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
bout 70			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Maryland
(State or country)

NAME James Dockins

BIRTHPLACE (city or town) Md
(State or country)

MAIDEN NAME Susie Jonnson

BIRTHPLACE (city or town)
(State or country) Md.

FORMANT Charlotte Baller
(Address) 427 N. Durham St

RIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date Dec 31 1933

NDERTAKER Edw. Bryan
(Address) 1691 Monroe St

LED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 4.10 P.M.

The principal cause of death and related causes of importance were as follows: Probably lobar Pneumonia — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. J. Bren M. D.
Corpner

(Address) 508 E Mnt St

B 1268-9

E 96828

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96828

V 34

CERTIFICATE OF DEATH

PLACE OF DEATH Bugle Laundry-Chester & Oliver Sts

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 2207 McElderry St., 7-01 Ward)

h of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Julia Davis

(a) Residence: No. 2207 McElderry St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
...ale	black	married

married, widowed, or divorced
USBAND of
or) WIFE of William Davis

TE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bugle Towel Laundry

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Joseph Milburn

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Henrietta Jones

BIRTHPLACE (city or town) (State or country) Md.

FORMANT Bill Davis
(Address) 2207 McElderry St

RIAL, CREMATION, OR REMOVAL

Place Albury cemetery Date Jan. ..., 19...

NDERTAKER Edw Bryan
(Address) 1691 orelena st

LED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
(Thrombosis)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. J. Bacon, M. D.
Coroner

(Address) 508 E Mt Royal

E 96829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Abbottston St., 9-01 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Margaret S. Kellam

(a) Residence: No. 1629 Abbottston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Mar 20th 1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Elijah T Kellam

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Margaret Bailey

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Frank C. Kelly

(Address) 1629 Abbottson St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 2nd 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED DEC 31 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1933, to Dec 30, 1933

I last saw her alive on Dec 29, 1933 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Dec 19

Dementia

Other contributory causes of importance: Myocarditis Interstitial — Dec 28

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo K. Zimmerman M. D.

(Address) 1938 Harford Ave

D. B. 1268-9

E 96830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96830

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2 Ward)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Riley

(a) Residence: No. 3932 Lowndes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced WIFE of HUSBAND of (or) Trueba (Divorced)

DATE OF BIRTH (month, day, year) Sept. 26, 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Wm H. Riley

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Celeste Dames

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Records Balt City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL Date 1/2 34 19

Place London Park

UNDERTAKER Wm Cook & Son
(Address) 1215 E Fayette St

FILED JAN 2 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1933, to Dec. 30, 1933, I last saw h[illegible] alive on Dec 30, 1933. Death is said to have occurred on the date stated above, at 6:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	?
Myocardial insufficiency	?
Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T O Shapiro M. D.

(Address) Balt City Hosp.

B 1268-9 E 96831 E 96831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital 21-11 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Frank Rote

(a) Residence: No. 1709 Washington Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Minnie Rote

6. DATE OF BIRTH (month, day, year) Nov 30 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	1	0	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Brick Yards

9. Date deceased last worked at this occupation (month and year) X

10. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Charles H. Rote

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah Derr

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Minnie Rote

(Address) 407 Colvin St

BURIAL, CREMATION, OR REMOVAL

Place Pleasant Hill Cemetery Date Jan 2nd 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED DEC 31 1933 19... H.E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1933 to Dec 30 1933

I last saw him alive on Dec 30 1933 Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Broncho-Pneumonia	
Pulmonary Edema	

Other contributory causes of importance:

C.N.S. Syphilis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. S. Baker M. D.

(Address) University Hosp

D. B. E 96832 Yaronek

E 96832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 E. 33rd St., 9-01 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia S. Smith

(a) Residence: No. 604 E. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND OF~~ (or) WIFE of John H. Smith

6. DATE OF BIRTH (month, day, year) Apr 30th 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	8	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME John Rayfield

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME McKaown

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mrs John Mahon

(Address) 604 E. 33rd St

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 2nd 1933

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~Jan 1~~ 1932 to 12-30, 1932

I last saw h~~e~~r alive on 12-27, 1932. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12-24-32

Other contributory causes of importance: Age.

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. McKaown M. D.

(Address) 1 W. Biddle St

12-30-32

D. B. 1268-9

E 96833

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96833

CERTIFICATE OF DEATH

93-004

Registered No. 11-21

1. PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hospitals, 11-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ola McCoy

(a) Residence: No. 851 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. "Ironware Work"

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Pleasant Iowa

13. NAME Wm McCoy

14. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

15. MAIDEN NAME Alice McMahon

16. BIRTHPLACE (city or town) (State or country) East Indies

INFORMANT Friends

(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Jan 1st 1934

UNDERTAKER Wm Cook

(Address) 217 St Paul St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1932 to December 29, 1933

I last saw alive on Dec. 29, 1933. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Peripheral neuritis — cause?	?
Myocardial Insufficiency	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magee M. D.

(Address) Balt City Hosp

D. B. 12[illegible]

E 96834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 E. 25th St. 12-21 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine W. Cobb

(a) Residence: No. 116 E. 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Charles Cobb

7. DATE OF BIRTH (month, day, year) Mar 31st 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Charles Co
(State or country) Md.

13. NAME Samuel Witmer

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Henrietta Brawner

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT George Cobb

(Address) 1223 Round Hill Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 1st 193[illegible]

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] 19[illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1908 to Dec 30 1933

I last saw her alive on Dec 30 1933 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	5 yrs
Uremia - Sclerosis	
Thrombosis	

Other contributory causes of importance:

Coronary Occlusion	30 yrs Months

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. A. Lowry M. D.

(Address) 140 Park Ave.

D. B. E 96835 ✓ E 96835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 342 S Robinson St. St., 1-61 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna M Rau

(a) Residence: No. 342 S Robinson St. St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Rau.

DATE OF BIRTH (month, day, year) Nov. 7 1867.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	1	22 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME John Schauer.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Anna Pichel.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Conrad Rau (Husband).

(Address) 342 S Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood. Date Jan 1 193

19. UNDERTAKER Lilly + Zieler Inc.

(Address) 403 N Wolfe St.

DEC 31 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1929 to Dec 28 1933.

I last saw h[illegible] alive on Dec 28 1933. Death is said to have occurred on the date stated above, at 2 00 p. m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Chronic Endocarditis

Myocarditis

Other contributory causes of importance:

Arteriosclerosis

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) [illegible] M. D.

(Address) 304 S Ellwood Ave Baltimore

E 96836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. E 96836

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 342 Mt. Pleasant Ave. (Ward) 26

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Guttenberger

(a) Residence: No. 342 Mt. Pleasant ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Melchior Guttenberger

DATE OF BIRTH (month, day, year) Jan 28 1853

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Adam Karg

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Basel

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Henry Guttenberger

(Address) Essex Balto Co Md

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem Date Jan 2nd 1933

UNDERTAKER Lilly & Zuke Inc.

(Address) 703 So Broadway

FILED DEC 31 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 33

22. I HEREBY CERTIFY, That I attended deceased from Nov 15-33 to Dec 30/33 19..... last saw h..... alive on Dec 28/33 Death is said to have occurred on the date stated above, at 7:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1 yr
Other contributory causes of importance:	
Hypostatic Pneumonia	Dec

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H Herrman M. D.

(Address) 2913 E Baltimore

D. B. 1268

E 96837

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96837

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3104 O. Donnell St., 1 Ward) How long in U. S. If of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME Alonzo E. Beall.

(a) Residence: No. 3104 O. Donnell St., 1 Ward. Dec.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Beall

DATE OF BIRTH (month, day, year) Oct. 15th 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Geo. W. Beall

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Martha Bidwell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ella Beall Wife.

(Address) 3104 O. Donnell St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Jan 2nd 1933

19. UNDERTAKER Eddy & Zeiler Inc.

(Address) 703 E. Lombard St

20. FILED Jan 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from December 20 1933 to December 28 1933

I last saw him alive on December 27 1933 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	Years ago
Other contributory causes of importance: Pulmonary oedema	12-27-33

Name of operation Date of

What test confirmed diagnosis Physical Signs & Chart Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) DR. T. B. BRONUSHAS, M. D.

(Address) 3037 O'DONNELL ST.

12-23—M [illegible] 500M

E 96838

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96838

CERTIFICATE OF DEATH.

47

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: No. 1935 E. Baltimore ST. 2-01 WARD)

FULL NAME Irvine S. Yates

RESIDENCE NO. 1935 E. Balto. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

of residence in city or town where death occurred yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: W.

5 Single, (Married,) Widowed, or Divorced, (write the word): M.

rried, widowed, or divorced
USBAND of
) WIFE of: George T. Yates

OF BIRTH (month, day, and year): 1860

Years	Months	Days	If LESS than 1 day, hrs or min.
73			

PATION OF DECEASED

rade, profession or cular kind of work: Retired

General nature of industry, ness, or establishment in h employed (or employer)

Name of employer

HPLACE (city or town) or country): Balto, Md.

AME OF FATHER: John E. Brown.

IRTHPLACE OF FATHER (city or town) tate or country): England.

AIDEN NAME OF MOTHER: Mary A. Patterson

IRTHPLACE OF MOTHER (city or town) tate or country): Boston, Mass.

formant: George T. Yates

ddress): 1935 E. Balto. St.

d , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 28, 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1933. to Dec. 28, 1933.

that I last saw [illegible] alive on Dec. 28, 1933, 9 P.M.

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pneumonia ? Laryngeal obstruction

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Laryngeal obstruction

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis J. Zeigler M. D.

1933 (Address) 709 E. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morland Mem. Park

DATE OF BURIAL: Jan 1934

20 UNDERTAKER: Lilly & Zeiler

ADDRESS: 1033 W. Mulberry St

E 96839

E 96839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St., 16-01 Ward)

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Elnora F. Fernandes

(a) Residence: No. 324 S Oldham St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X: mal	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) July 14 1927

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	5	15	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Morris Fernandes

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Mabel Blake

16. BIRTHPLACE (city or town) Va
(State or country)

NFORMANT Morris Fernandes
(Address) 324 S Oldham

URIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date Jan 2 1933

NDERTAKER Talbot Zuke Inc
(Address) 703 E Monument St

ILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 6 30 a m

The principal cause of death and related causes of importance were as follows: — Date of onset

Acute Myocardial Failure

Other contributory causes of importance: Septic Tonsillar Abscess

Name of operation ..... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J J Myers - M D M. D.
Coroner

(Address) 1315 N Fallsway

D. B. E 96840 ✓ E 96840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 16-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Jones

(a) Residence: No. 703 Bruce St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 8/27/12

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
21	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Daniel Johnson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Sarah Atkins

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 12/31/33

UNDERTAKER Robt F. Wickes
(Address) 1518 McCulloh St

FILED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1933 to Dec. 28, 1933

I last saw h.e.r. alive on Dec. 28, 1933 Death is said to have occurred on the date stated above, at 10 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo Nephritis	[redacted]
Toxemias of Pregnancy 1924 & 1927	
Uremia	Dec 1933

Other contributory causes of importance:

Hypertension
Cardiac Hypertrophy & failure.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify

(Signed) Joseph J. Bergmeyer M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

E 96841

✓ M E 96841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 5 (Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John H. Cropper

(a) Residence: No. 115 S. Bond Sts Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

If married, widowed, or divorced
HUSBAND of Eva
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [redacted] Pocomoke, Md.

13. NAME Joshua Cropper

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jane - -

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Eva Cropper

(Address) 115 S Bond St.

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Jan 10 1933

UNDERTAKER [redacted]

(Address) [redacted]

FILED 0023 [redacted] Registrar.

[redacted] THE MORGAN.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 ... to ... 19 ...

I last saw h[illegible] alive on Dec. 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Internal Injuries — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation Laparotomy Date of 12/25/33

What test confirmed diagnosis Autopsy? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Time of injury 12/25, 1933

Where did injury occur? Balto. St. nr. Howard St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

E 96842

E 96842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

47

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No.) 3701 Roland Ave (St.) 13-01 (Ward)

FULL NAME Ida B. Coughlin

RESIDENCE NO. 3701 Roland ave ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

If of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Chas H. Coughlin

DATE OF BIRTH (month, day, and year): Unknown

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	—	—	

OCCUPATION OF DECEASED

Trade, profession or particular kind of work: at Home

General nature of industry, business, or establishment in which employed (or employer): 037

Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md.

NAME OF FATHER: Daniel Smith

BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant (Address): Mrs Rose 3701 Roland ave

Filed 1933 .19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 30 1933

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 .1933. to Dec 30 .1933.

that I last saw her alive on Dec 30 .1933.

and that death occurred, on the date stated above, at 12:35 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Rt. Lung

(duration) 3 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Myocardial Failure (duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Francis Dr. Gillis, M. D.

.19 (Address) 900 Rt. 37th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetary — DATE OF BURIAL: Jan. 2 1934

20 UNDERTAKER: Chas J. Traub & Son — ADDRESS: 1115 North Royal ave

D. B 126 E 96843 ✓ E 96843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. 8-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... Life

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen R. Schwaner

(a) Residence: No. 3106 Marco Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Nelson M Schwaner

7. DATE OF BIRTH (month, day, year) Jan 12/1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Wm L. Gellus

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Carrie Brady

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Nelson M. Schwaner

(Address) 3106 Marco Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan 1st 1934

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Pulaski Hgy

FILED Jan 1 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1933

22. I HEREBY CERTIFY, That I attended deceased from December 26 1933 to December 28 1933

I last saw h alive on December 28 1933 Death is said to have occurred on the date stated above, at 3.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia	12-23-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H M Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

E 96844

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96844

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2825 Erdman Ave, 8-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Anne Link

(a) Residence: No. 2825 Erdman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo. A. Link

7. DATE OF BIRTH (month, day, year) June 16 - 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Nicholas Miller

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Caroline —

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Geo. A. Link

(Address) 2825 Erdman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan. 2 19 34

19. UNDERTAKER Philip Hering Sons

(Address) 2016 Orleans St

20. FILED 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1933 to Dec. 29 1933

I last saw h.. alive on Dec. 27 1933. Death is said to have occurred on the date stated above, at 11 10 P.m.

The principal cause of death and related causes of importance were as follows:

1 Hypertension 3 yrs or more

Date of onset: Not Certain

Other contributory causes of importance:

Embolus

Date of onset: Dec 29 33

Name of operation — Date of —

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. L. Wilkins M. D.

(Address)

E 96845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96845

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 McCulloh St. 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Dorothy Banks

(a) Residence: No. 1216 McCulloh St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Colored	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

DATE OF BIRTH (month, day, year) November 19 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Mark Banks

14. BIRTHPLACE (city or town) (State or country) Caroline Co Va

15. MAIDEN NAME Sarah Pelleck

16. BIRTHPLACE (city or town) (State or country) Prince Geo Maryland

INFORMANT Sarah Banks

(Address) 1216 McCulloh St

BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date 12-31-34, 193..

UNDERTAKER Joseph Gruver

(Address) 404 N. Mount St

Filed ... 19... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 19... to Dec 29, 19...

I last saw h... alive on Dec 29, 19... death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation None, Date of None

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. F. Hall, M. D.

(Address) 1126 E. 13 St.

B 1268-9

E 96846

HEALTH DEPARTMENT—CITY OF BALTIMORE

96846

CERTIFICATE OF DEATH

× 93-003

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3833 Clifton Av. St., 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Edna N. Grail

(a) Residence: No. Havre De Grace Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 16 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Havre De Grace
(State or country)

13. NAME Edna Grail

14. BIRTHPLACE (city or town) N. J.
(State or country)

15. MAIDEN NAME Margaret Cushnan

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs Jennie Moore

(Address) 3830 Clifton Av

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Jan 3 1934

Havre de Grace

19. UNDERTAKER H. W. Mearkle

(Address) 844 N. Calvert St.

Registered

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 31 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	6 months

Other contributory causes of importance:

Name of operation Regular Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Tuck Coroner, M. D.

(Address) Bel Air

O. B. 1268-9

✓ E 96847

HEALTH DEPARTMENT—CITY OF BALTIMORE

6847

CERTIFICATE OF DEATH

94-002

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St. Agnes Hospital. St. 15-01 Ward)

gth of residence in city or town where death occurred 51 yrs. 10 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Theodore Rentz.

(a) Residence: No. 3019 Westwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, ~~XXXXXXXXXX~~ HUSBAND of ~~XXXX~~ Mary C. Rentz.

ATE OF BIRTH (month, day, year) February 3, 1882

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter carrier.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

8. Date deceased last worked at this occupation (month and year.)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Adolph J. Rentz.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Augusta Stoeckle.

16. BIRTHPLACE (city or town) (State or country) Wilmington, Del.

NFORMANT Mary C. Rentz. (wife)

(Address) 3019 Westwood Ave.

URIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 2nd 1934

NDERTAKER Wm Cook

(Address) 1217 St Paul St

ILED 1934 Huntington Williamson W. Va.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1933.

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis. — Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Hospital autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify)

(Signed) Otto M. Reinhardt Coroner . M. D.

12/30/33 (Address) 1017 E. Charles St.

D. B. 1268-9

✓ E 96848

HEALTH DEPARTMENT—CITY OF BALTIMORE

6848

CERTIFICATE OF DEATH

15

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6527 St Helena Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Gallar

(a) Residence: No. 6527 St. Helena Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married~~ widowed, ~~or divorced~~
~~OF HUSBAND OF~~ (or) WIFE of Edward Gallar

DATE OF BIRTH (month, day, year) Feb 16th 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Gertrude Rose

(Address) 6527 St Helena Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 1st 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Huntington Williams, M.D. Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1933 to Dec 30, 1933

I last saw her alive on Dec 29, 1933. Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	12-17-33
Acute Bronchitis	12-27-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A.W. Reier M. D.

(Address) Dundalk, Md.

D. P. 1208-0

E 96849

HEALTH DEPARTMENT—CITY OF BALTIMORE

96849

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) W Balto Hosp (St.) 27-21 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Jennie D. Leonardo

(a) Residence: No. 4908 Litchfield St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 5-1928

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	2	25	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
11. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Anthony Di Leonardo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Grace Montalto

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anthony Di Leonardo

(Address) 490 8 Litchfield St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 1st 1934

19. UNDERTAKER Frank V Petrone

(Address) 2218 E Balto St

20. FILED Jan 1 1934

Attestation Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
2nd & 3rd degree burns	

Other contributory causes of importance:

Playing with matches
(no damage to house)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) ... M. D.

(Address) ... Coroner

D. B. 1268-9

E 96850

HEALTH DEPARTMENT—CITY OF BALTIMORE

96850

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Esther Place St. 26-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William E. Thompson

(a) Residence: No. 3213 Esther Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lelia Thompson

DATE OF BIRTH (month, day, year) Feb 9/74

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59	11	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor Gen'l
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Charles Thompson

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Bridget Callahan

16. BIRTHPLACE (city or town) Ireland
(State or country)

INFORMANT Lelia Toby Thompson
(Address)

BURIAL, CREMATION, OR REMOVAL Jan 2nd
Place New Cathedral Date Jan 1934

UNDERTAKER Frank V. Ellerton
(Address) 838 E. Baltimore

FILED 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from ——, 19..., to ——, 19...

I last saw h— alive on ——, 19... Death is said to have occurred on the date stated above, at 4:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. Hergesmer M. D.
Coroner

(Address) 130 S. Patterson Park

H. D. B. 1268-0

96851 ✓ E 96851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp 138 Registered No.

CITY OF BALTIMORE: (No. ..... St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Franklin Ellsworth Shaer

(a) Residence: No. 3457 Keswick Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of none

7. DATE OF BIRTH (month, day, year) Sept 19 1929

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
4	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Mossbacr Shaer

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Anna Kane

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Anna Shaer

(Address) 3457 Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan 1, 1934

19. UNDERTAKER Lehmann & Son

(Address) 8 E Lexington Ave.

Thurston Williams

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1933, to 12-29, 1933

I last saw him alive on 12-29, 1933 Death is said to have occurred on the date stated above, at 9.25 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status thymico lymphaticus	
Collapse	
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation Circumcision Date Dec 29 1933

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Richard Francis M. D.

(Address) Union Memorial Hosp.

H. D. B. 1268-9

E 96852

96852 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3687 Elm Ave. St. 13-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert W Stout

(a) Residence: No. 3687 Elm Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Child

DATE OF BIRTH (month, day, year) May 13, 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country)

13. NAME John Stout

14. BIRTHPLACE (city or town) West Virginia
(State or country)

15. MAIDEN NAME Virgie Williams

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Virgie Stout
(Address) 3687 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 1, 1934

19. UNDERTAKER Lehnan & Son
(Address) 3617 Liberty Ave

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1933 to Dec 29, 1933

I last saw him alive on Dec 29, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Colles	Dec 19, 33
Lobar Pneumonia	Dec 24 33

Other contributory causes of importance: Acute Cardiac Dilatation

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) C. H. Mackenzie M. D.

(Address) 8 S Dr 36 St.

D. B. 1268-9

E 96853

96853 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

154

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Male Infant Kelly

(a) Residence: No. 703 Mura St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 12/31/33

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				8 hrs. 10 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Infant Kelly

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Margaret Mary Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. M. M. Kelly

(Address) 703 Mura St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Jan. 4, 1934

19. UNDERTAKER Edward W. Carter

(Address) 324 E. Lafayette Ave

FILED Jan 3 1934 Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1933 to December 31, 1933

I last saw him alive on December 31, 1933 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Prematurity	

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? Autopsy? as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) S. M. Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Spec. – 1-10-21 – M&T – 1500 Blks.

✓ E 96854

96854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2542 Edmondson Ave ST. 96-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank H. Beaus

(a) RESIDENCE NO. 2542 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Shipley

DATE OF BIRTH (month, day, and year) April 2 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Gov

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER O. Henry Beaus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Good

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Loretta Beradoyyn (Address) 2542 Edmondson Ave

15 Filed 1-3-1934 Registrar Huntington Williams, M.D. Reg #14

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-29 - 1933

17 I HEREBY CERTIFY, That I attended deceased from 12-25- , 1933 , to 12-29- , 1933 ,

that I last saw h— alive on 12-28- , 1933 ,

and that death occurred, on the date stated above, at 5 30 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia
and a suspected obstruction
in intestines

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Bronchial asthma. Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard L. Freund M.D.

12/29, 1933 (Address) 2329 Arunah Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stones Chapel Cem DATE OF BURIAL Jan 1 1934

UNDERTAKER John O. Mitchell & Sons ADDRESS 1900 Eutaw Place

H. D. B. 1268-9

E 96855

96855 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1837 McHenry St. (St.) 19-01 (Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Jane Knight

(a) Residence: No. 1837 McHenry St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND (or) WIFE of Late Columbus Knight

DATE OF BIRTH (month, day, year) Jan. 5, 1860.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Bray

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Charles A. Randle
(Address) 1837 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 1, 1934.

19. UNDERTAKER Harry A. Weitzel
(Address) 4101 Edmondson Ave.

20. FILED Jan 2 1934 Arthur Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/6/32 to 12/29/33, 19

I last saw her alive on 12/24/33, 19. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Cerebrosclerosis	
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Arthritis	1 Cent 1 y.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard H. Terry, M. D.

(Address) 4104 Edmondson Ave

D. B. 1268-9

E 96856

96856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 3810 Harlem St. 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If a foreign birth, ... yrs. ... mos. ... dys.

FULL NAME Wm. Chas. Stewart (Sakevich)

(a) Residence: No. 3810 Harlem Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha Stewart

DATE OF BIRTH (month, day, year) July 24-1897

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	5	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tax Collector

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME OF FATHER Geo. Stewart (Sakevich)

13. BIRTHPLACE (city or town) (State or country) Russia

14. MAIDEN NAME OF MOTHER Anna Huck.

15. BIRTHPLACE (city or town) (State or country) Russia

16. INFORMANT Bertha Stewart

(Address) 3810 Harlem Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/2/34 19

18. UNDERTAKER Harry H. Leitzke

(Address) 4101 Edmondson Ave

Huntington Williams M.D.
Registrar.

11-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide Pistol wound of Brain	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ... 19...

Where did injury occur? 3810 Harlem.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. C. Huck M. D.

(Address) Coroner

D. B. 1268-0

E 96857

HEALTH DEPARTMENT—CITY OF BALTIMORE

96857

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2627 Wash. Blvd. 25-01 Ward)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Webster Wheat

(a) Residence: No. 2627 Wash. Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	married

If married, widowed or divorced HUSBAND of (or) WIFE of Rachel M. Wheat Davis

DATE OF BIRTH (month, day, year) June 24, 1872

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
61	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 57

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Co.

13. NAME George Wheat

14. BIRTHPLACE (city or town) (State or country) Baltimore Co.

15. MAIDEN NAME Elizabeth Bartell

16. BIRTHPLACE (city or town) (State or country) Baltimore Co.

INFORMANT Rachel M. Wheat

(Address) 2627 Wash. Blvd.

BURIAL, CREMATION, OR REMOVAL

Place St. Pauls, Granite, Md. Date Jany 1, 1934

UNDERTAKER Frederick A. Poly

(Address) 1200 W. Lombard St

FILED Thurston Williams Registrar

No. 183

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933, to Dec 30, 1933.

I last saw him alive on Dec 29, 1933. Death is said to have occurred on the date stated above, at 6-46 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	12/20/33
Broncho-pneumonia	12/28/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. O. Rodeling M. D.

(Address) 2623 Washington Blvd

D. B. 1268-9

✓ E 96858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 17-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Davenport

(a) Residence: No. 502 N. Pearl St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Nov 18 / 33

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1 1/2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Alfred Davenport

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Hilda Reddick

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Jan 1st 11 ..... 19 34

UNDERTAKER Mrs. Robert A Elliott
(Address) 1124 Carolina St

Filed 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 ..... 1933 to Dec 28 1933
I last saw her alive on Dec 28 ..... 1933 Death is said to have occurred on the date stated above, at 8 40 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Mones S Hecht, M. D.

(Address) Johns Hopkins Hosp

2-29-28—L. F. S.—500 Bks.

E 96859

96859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 901 Aisquith ST. 10-61 WARD)

2—FULL NAME Sr. M. Achatia Russ

(a) RESIDENCE NO. Convent of Notre Dame ST.. WARD
(Usual place of abode) (If non-resident give city ur town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 22, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	2	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): Religious

(c) Name of employer: Srs. of Notre Dame

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: John Russ

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dodothy Kunbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Sister of Notre Dame

(Address) 901 Aisquith Street Baltimore M.D.

FILED 1934, 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31. 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26, 19 , to Dec. 30, 1933,

that I last saw her alive on Dec. 30, 1933

and that death occurred, on the date stated above, at 3.30 A. M. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual.

(Signed) F. J. Finley M. D.

Jany 1, 1934 (Address) 110 E Northern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. Balto. — DATE OF BURIAL: Jan 2 1934

20 UNDERTAKER: Frank A. Fink — ADDRESS: 910 N. Gay St

D. B. 1268-9

E 96860

HEALTH DEPARTMENT—CITY OF BALTIMORE

6860

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 13-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matthew Kaufman

(a) Residence: No. 733 Newington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of F.

DATE OF BIRTH (month, day, year) 1878

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME David Kaufman
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Cecelia Cousins
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mrs. Kaufman
(Address) Temple Gardens Apts
18. BURIAL, CREMATION, OR REMOVAL
Place Adas Israel Cem Date Jan 2 1934
19. UNDERTAKER David Hendlemen
(Address) 120 Eutaw Place
Huntington Williams Reg'str.

FILED 1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 - 1933 to Dec 31 1933
I last saw him alive on Dec 31 1933 Death is said to have occurred on the date stated above, at 8.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia - Lobar	12-29-33
Chronic Nephritis	
Uremia	

Other contributory causes of importance:
Hypertension
Arteriosclerosis

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Samuel Segum, M. D.
(Address) Sinai Hosp.

M. D. B. 1168-0

F 96861

96861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 46

1. PLACE OF DEATH West Baltimore Gen. Hospital — St. 20 Ward 21 — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John E. Sprinkle

(a) Residence: No. 107 N Monastery Ave St., ... Ward. Stamfordtown Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Sprinkle

3. DATE OF BIRTH (month, day, year) Oct 5 - 1861

6. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Elmer Sprinkle

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Shelton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Trumbauer (Address) 107 N Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Hill Cemetery Date 1-2-34

19. UNDERTAKER Edward L Stapleton (Address) Frankford Ave & Harrington Ave Phila Pa

20. Filed 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31/33. 19

22. I HEREBY CERTIFY, That I attended deceased from 12/23/33. 19 to 12/31/33. 19

I last saw h— alive on 12/31/33. 19 Death is said to have occurred on the date stated above, at 1 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of the Abdomen	2
Primary Carcinoma Head of Pancreas	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John K Crouse M D M. D.

(Address) W B & A R R

H. D. B. 1268-9

E 96862

96862 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Thomas Ave St. 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leon Bogatzky

(a) Residence: No. 1729 Thomas Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Sofia Bogatzky

DATE OF BIRTH (month, day, year) ... 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Moses Bogatzky

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Esther Hamrol

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hannah Levin

(Address) Temple Gardens

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 1/4/34 19

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore St

Huntington Theatre, Md.

1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1933. to Dec 30 1933.

I last saw h... alive on Dec 30, 1933. Death is said to have occurred on the date stated above, at 1500 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 year
Other contributory causes of importance:	
Acute dilatation of heart	3 days

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. Frederick Lenz M. D.

(Address) Temple Garden apts

D. B. 1268-9

E 96863

6863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 4-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Lankewicz

(a) Residence: No. 649 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 5, 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME OF FATHER Adam Lankewicz

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME OF MOTHER ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) Balt City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 2, 1934

19. UNDERTAKER John Grebliunas

(Address) 423 S Eutaw St

20. FILED 1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1933, to Dec 29, 1933

I last saw him alive on Dec. 29, 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Metastatic carcinoma	?
2 Lumbar spine	
(Original site not found)	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Pharazyck M. D.

(Address) Balt. City Hospitals

M. D. B. 1268-9

E 96864

96864 HEALTH DEPARTMENT—CITY OF BALTIMORE

50

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Bon Secours Convent.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2000 W Baltimore St. 70-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sister St Yves (Salain E Milner).

(a) Residence: No. 2000 W Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 6 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brittany

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Brittany

15. MAIDEN NAME Mary Nocla

16. BIRTHPLACE (city or town) (State or country) Brittany

17. INFORMANT Convent Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 1/2 34

19. UNDERTAKER Eugene A Feeley
(Address) Fueloner Lafayette
Washington [illegible] Dexter.

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/15 1933, to 12/30 1933

I last saw her alive on 12/28 1933. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast & metastases to lung	1½ yrs.
Other contributory causes of importance: Anaemia —	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrs E. Calas M. D.

(Address) 4 N. Fulton

ec.—9-30—A. & Co.—250 Bks.

F 96865

96865 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-004

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 705 So East Ave St.) (26-01 WARD)

2. FULL NAME Annie Thompson

(a) RESIDENCE No. 705 So East Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of James A Thompson

DATE OF BIRTH (month, day, and year) June 22 1848

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	6	6	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Hugh Mc Loughlin
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary Magowan
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Anna Kerner
(Address) 705 S East ave

Huntington Williams, M.D.
Registrar

1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1933

17
I HEREBY CERTIFY, That I attended deceased from April, 1933, to Dec 30, 1933
that I last saw her alive on Dec 29, 1933
and that death occurred, on the date stated above, at 4 PM.

The CAUSE OF DEATH* was as follows:
Cardio Respiratory Paralysis
Hemiplegia R side
2
(duration) yrs. mos. ds.
CONTRIBUTORY Arterio sclerosis.
(Secondary)
(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Examination

(Signed) J V Clift M. D.
12/30 1933 (Address) 353 S Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn
DATE OF BURIAL Jan 2 1934

20 UNDERTAKER Lilly & Zeller Bros.
ADDRESS 4020 Wolfe St

E 96866

M. D. B. 1268-0

96866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. 27 W. (Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Fiore Lombardi

(a) Residence: No. 3514 Oakmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Josephine Carnevino Lombardi

6. DATE OF BIRTH (month, day, year): April 9, 1874

7. AGE: Years 59; Months 8; Days 20; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year): Dec. 8, 1933

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Italy

13. NAME: Michele Lombardi

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): John Lombardi 3514 Oakmont Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date 1/2, 1934

19. UNDERTAKER (Address): C. Vincent Lemmon 4611 Park Heights.

Filed 1934 Washington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1933, to December 29, 1933. I last saw him alive on Dec. 29, 1933. Death is said to have occurred on the date stated above, at 11:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	12/28/33
Peritonitis	12/23/33
	about

Other contributory causes of importance:

Name of operation: Peritonitis Resection Date of: 12/22/33

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. Cowan, M. D.

(Address) 1130 N. Eutaw St.

Co. 5-31 250M

E 96867

96867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2539 Fait Ave 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta Kamnke

(a) Residence: No. 2539 Fait Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of August Kamnke

DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 37

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry Bevis

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Hacker

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Herman Kamnke

(Address) 2539 Fait Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Lamel Date Jan 3 1934

UNDERTAKER John C. Miller

(Address) 2435 E. Oliver St

FILED 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-31-1933

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1933 to Dec 31, 1933

I last saw h cr alive on Dec 31, 1933. death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/28/33
Other contributory causes of importance:	
arteriosclerosis	unknown

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frauna Jamuzon M. D.

(Address) 2431 Fait Ave

M. D. B. 126

E 96868

E 96868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bells Col Home, Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lila B. Grant.

(a) Residence: No. 516 St Mary's St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: col

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James B Grant

7. DATE OF BIRTH (month, day, year): April 14 1902 31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	8	15 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: Mather Grant.

14. BIRTHPLACE (city or town) (State or country): Ky

15. MAIDEN NAME: Elizabeth White

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: William Grant

(Address) 637 Gilbert st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion. Date Jan 2nd 1934

19. UNDERTAKER: E Oldson

(Address) 100 Brantley ave

20. FILED: 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/30 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/4 1933 to 12/30 1933

I last saw him alive on 12/30 1933 Death is said to have occurred on the date stated above, at 8:55 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis abscess of Colon	6 wks
	3
	6 wks

Other contributory causes of importance: Generalized Peritonitis 2 days

Name of operation: Exploratory Laparotomy Date 12/20/33

What test confirmed diagnosis: Exploratory Was there an autopsy? 12/29/33

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) M. D.

(Address) Bells Col Home

D. B 1268-9 E 96869

HEALTH DEPARTMENT—CITY OF BALTIMORE E 96869

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1041 Myrtle Ave (Ward) 17-C

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Bettie Tinsley

(a) Residence: No. 1041 Myrtle St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	60			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
9. Date deceased last worked at this occupation (month and year): 20 yrs
10. Total time (years) spent in this occupation: 20 yrs

11. BIRTHPLACE (city or town) (State or country): Boston Va
12. NAME of father: Moses Coles
13. BIRTHPLACE (city or town) (State or country): Va
14. MAIDEN NAME of mother: Millie Coles
15. BIRTHPLACE (city or town) (State or country): Va
16. INFORMANT: Lloyd A. Lewis
(Address): 1041 Landsdowne Va

17. BURIAL, CREMATION, OR REMOVAL: Alexandria Va Date 1/1 1934
18. UNDERTAKER: Bernard P. Haywood
(Address): 818 Dennison Street Balto.

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1934
22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Nephritis	
Zymotic	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. H. Lusk M. D.
Coroner
(Address) Coroner

M. D. B. 1268-9

E 96870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96870

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 W 40th St., 13-21 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas B. Everist

(a) Residence: No. 1310 W. 40th St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Emily Everist

7. DATE OF BIRTH (month, day, year) Sept 18 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Casualty Co

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Havre de Grace Md

13. NAME John W. Everist

14. BIRTHPLACE (city or town) (State or country) Havre de Grace Md

15. MAIDEN NAME Frances Suter

16. BIRTHPLACE (city or town) (State or country) Havre de Grace Md

17. INFORMANT Emily Everist
(Address) 1310 W 40th St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 4th 1934

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

Huntington Williams, M.D.
Registrar.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1933 to Jany 1st 1934

I last saw ~~him~~ alive on Dec 31 1933. Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate and urinary bladder	1930
Other contributory causes of importance: Hemorrhage Pulmonary bladder	12/31/33

Name of operation Prostatectomy Date of 1930

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hubert F. Thelemann, M. D.

(Address) 6 East Biddle St

D. H. 1768-2

E 96871

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96871

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 N. Duncan St., 7-01 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth 43 yrs. mos. ds.

2. FULL NAME Josephine Kowtowski

(a) Residence: No. 929 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

DATE OF BIRTH (month, day, year) Feb 15th 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Adolph Kowtowski.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. Cordelia Smith Kowtowski
(Address) 929 N. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 3rd 1934

19. UNDERTAKER Wm Cook
(Address) 817 St Paul St

Filed Jan 4 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11 - 1933 to Jan. 1 - 1934

I last saw h alive on Dec. 31 - 1933 Death is said to have occurred on the date stated above, at 12:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
History Carcinoma gall bladder.	1931
Late Gastric involvement	
Involvement right inferior maxillary region - infected teeth & gums -	Dec. 33
Hemorrhage, mouth and gastric	Dec 28-33
Other contributory causes of importance:	
History, gall bladder attacks.	
stones or catarrhal -	about 1913.

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Ward Kinney M. D.

(Address) 2125 Maryland ave.

Spec.—7-17-26—A Co.—200 Bks.

96872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-004 E 96872

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1221 N. Gay St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Dyas

(a) RESIDENCE NO. 1221 N. Gay St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	M

5a If married, widowed or divorced HUSBAND of (or) WIFE of Thetis M. Dyas

6 DATE OF BIRTH (month, day, and year) Jan. 9 1868

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	65	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 031

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) Dublin

(State or country) Ireland

PARENTS

10 NAME OF FATHER John Dyas

11 BIRTHPLACE OF FATHER (City or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Dunne

13 BIRTHPLACE OF MOTHER (city or town) Ireland

(State or country)

14 Informant E. E. Dyas. Jr.

(Address) 1221 N. Gay St.

15 Filed Jan 2 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29. 33 19

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18 1933 to Dec. 29 1933

that I last saw him alive on Dec. 29 1933

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos 10 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Joseph Tonkey M. D.

19 (Address) 441 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial Jan 2 1934

20 UNDERTAKER Wm Jackson & Sons ADDRESS Baltimore

N 2 - 1934

D. H. 1268-9

E 96873

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96873

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3801 Greenmount Ave St., 9-21 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A Parker

(a) Residence: No. 3801 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Patterson E. Parker

7. DATE OF BIRTH (month, day, year) May-26-1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79 8 0	— 1	— 5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestnut Ridge Balto. Co. Md

13. NAME William Parker

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary A. Cornelius

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Georgie French

(Address) 3801-Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan. 3 1934

19. UNDERTAKER John Burns Sons

(Address) Fairmount Ave.

FILED 1-3-1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from 1921 19 to Jan 1 1934

I last saw h— alive on July 15 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation None Date of None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edgar Cushing M. D.

(Address) 111 W. Franklin

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96874 E 96874

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3427 Kenwick Road 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida B. Jennings.

(a) Residence: No. 3427 Kenwick Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clinton Jennings.

6b. DATE OF BIRTH (month, day, year): Sept 5, 1860

7. AGE: Years 73 | Months 3 | Days 26 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: unknown.

14. BIRTHPLACE (city or town) (State or country): unknown

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Omar Jennings (Address) 3427 Kenwick Road

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Date Jan 2, 1934

19. UNDERTAKER: Chenoweth Son (Address) 3615-17 Chestnut Ave

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1933 to Dec. 31 1933

I last saw h[illegible] alive on. Dec. 20 1933 Death is said to have occurred on the date stated above, at 12 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 3 or 4 yrs. ago

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 946 W 36 St - Balto.

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23E 96875

96875

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 3-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. 15 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Cook (Kucharek)

(a) Residence: No. 822 S. Bond st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Cook

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Stanley Kucharek

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 3, 1934

19. UNDERTAKER J. W. Brzakowski
(Address) 1950 E. Eastern Ave

20. FILED Jan 3 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1933, to Dec. 30, 1933

I last saw him alive on Dec. 30, 1933. Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul Tuberculosis	?
Other contributory causes of importance: Tuberculos meningitis	4 days

Name of operation ..... Date of ..... No

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. W. Jacobson M. D.

(Address) Baltimore City Hospitals

D. B 1268-9

Josephine Piluk

HEALTH DEPARTMENT—CITY OF BALTIMORE

96876 E 96876

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Hopkins Hospital St., 2-01 Ward)

ngth of residence in city or town where death occurred ..yrs. ..mos. ..da. How long in U. S. If of foreign birth? ..yrs. ..mos. ..da.

FULL NAME Josephine Piluk

(a) Residence: No. 1604 Aliceanna St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 6/1918

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	15	0	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Onfre Piluk

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Giza

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Piluk (Mother)
(Address) 1604 Aliceanna St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 3, 1934

19. UNDERTAKER Zwahlenski
(Address) 1939 Eastern Ave

20. Registrar

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw ... alive on ..., 19.. Death is said to have occurred on the date stated above, at 6.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Mains M. D.
Coroner

(Address) 108 E Monument

M. D. B. F-96877 E 96877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.):

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Charles Cockey

(a) Residence: No. 3015 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Chas Cockey.

6. DATE OF BIRTH (month, day, year) Sept 10 1862

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
71	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Ofr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Formerly C & O.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER FATHER

13. NAME Compton N Cockey.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Belle Hall.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Sam C. W Cockey

(Address) 3015 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys (Gorsuch) Date Jan 9th 19 34

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

20. FILED Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/12, 1933 to 1/1, 1934

I last saw him alive on 1/1, 1933 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Rt femur.	12/6/33
Cerebral Hemorrhage.	1929
Coroner	
Other contributory causes of importance) Circulatory failure	12/31/33

Name of operation Application of Cast Date of 12/8/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/6, 1933

Where did injury occur? In home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Patient fell to floor

Nature of injury Fracture Rt. femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard France M. D.

(Address) Union Memorial Hosp

E 96878 E 96878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 112 E. Preston ST. 11-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dr. William Winter Beall

(a) RESIDENCE NO. 112 E. Preston ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced WIFE (or) HUSBAND of Cora A. Beall

DATE OF BIRTH (month, day, and year) Oct 24, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Jessups Maryland

10 NAME OF FATHER Charles Beall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rachel Pumphrey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs Cora A. Beall

(Address) 112 E. Preston St

Filed 1934 Huntington Pollitt, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29, 1933

17 I HEREBY CERTIFY, That I attended deceased from about 1923, 1933, to Dec. 27, 1933.

that I last saw him alive on Dec. 27, 1933

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Paranoia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray. Electrocardiogram

(Signed) John T. Krieg Jr. M. D.

Dec. 29, 1933 (Address) 1210 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery DATE OF BURIAL Jan 2, 1934

20 UNDERTAKER Milton A. Schilling ADDRESS 1122 E Monument St

M. D. B. 12 E 96879

E 96879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 5401 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Geo Von Hartung

(a) Residence: No. 3506 Calloway Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Geo Von Hartung

6. DATE OF BIRTH (month, day, year) Aug 31 1866

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
67	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Health Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Mr Adolph W Hartung

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Miss Caroline Remo

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Emma Dodson

(Address) 3506 Calloway Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemy. Date Jan. 3 1934

19. UNDERTAKER John A Mitchell Funeral Dir

(Address) 1900 Eutaw Place

20. FILED JAN 3 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/26, 1933 to Jan 1, 1934

I last saw him alive on Jan 1, 1934 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left Ant. Tongue & pelvis with metastases.	1931
Laminectomy & Clinical Vert C 2 Cordotomy performed by prostate cerebral edema	12/29/33
Other contributory causes of importance: Circulatory failure	12/31/33
Pulmonary edema	12/31/33

Name of operation Laminectomy C 2 Cordotomy Date of 12/26/33

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Richard Trance M. D.

(Address) Union Memorial Hosp

M. D. B. 1268

E 96880

E 96880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 39 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Margret J. McCarmick

(a) Residence: No. Hillen Rd & Ridge Ave St. Towson Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 26th 1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co (State or country) Md

MOTHER FATHER

13. NAME William McCarmick

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Jane Craig

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister (Mrs Addie Tipton)
(Address) Towson

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cemetery Date Jan. 3 19 34

19. UNDERTAKER G. Lawrence Sons
(Address) 1401 Bloom St

20. FILED Jan 3 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31/33 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/25 . 1933 to 12/31 . 1933

I last saw h[illegible] alive on 12/31 . 1933 Death is said to have occurred on the date stated above, at 6:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Hip.	11/25/33
Chronic Myocarditis	
Bronchial pneumonia.	12/26/33
Circulatory failure	12/31/33

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/25 . 1933
Where did injury occur? In dining room
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In home Towson Maryland.
Manner of injury Patient fell.
Nature of injury Fracture L. N. femur (subcutaneous)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard Francis M. D.
(Address) Union Memorial Hosp

E 96881

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96881

CERTIFICATE OF DEATH

V 124-002

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2149 Homewood Ave St., 4-01 Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie B. Green

(a) Residence: No. 2149 Homewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Green

DATE OF BIRTH (month, day, year) Dec. 25th 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	0	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Lancaster Co. Pennsylvania

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

INFORMANT Mrs Clare Wolf

(Address) 2149 Homewood Ave.

BURIAL, CREMATION, OR REMOVAL

Place Carroll Cemetery Date Jan. 4 1934

UNDERTAKER Fred'k Lashar Sons

(Address) 7401 Belair Road

Huntington Filed Jan 2 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19 1932 to 12/31 1933 last saw h.. alive on 12/31 1933 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic Cirrhosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed di... Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Fuller M. D.

(Address) 5703 Harford Rd.

E 96882

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96882

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6232 Belair Road St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Unknown

2. FULL NAME Anna Mary Burkley

(a) Residence: No. 6232 Belair Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Burkley

7. DATE OF BIRTH (month, day, year) Dec 1st 1846

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Miss Lena Burkley

(Address) 6232 Belair Road

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cemetery Date Jan. 4 1934

19. UNDERTAKER Frederick Leasenhorn & Sons

(Address) 7401 Belair Road

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933, to Jan 1st, 1934

I last saw h.. alive on Dec 31, 1933 death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1925
Paralysis - Cerebral Hemorrhage	
Other contributory causes of importance:	
Progressive Arteriosclerosis	Dec 1st 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw. H. Benson, M. D.

(Address) 1 W. Oreleans

E 96883

M. D. B. 1268-A

E 96883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. 6-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1434 E Broadway St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 61 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Clinton Blades
(a) Residence: No. 1434 E Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice B

DATE OF BIRTH (month, day, year) May 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 054
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)
13. NAME of Father G. Clinton Blades
14. BIRTHPLACE (city or town) Maryland
(State or country)
15. MAIDEN NAME of Mother Sarah Caughey
16. BIRTHPLACE (city or town) Maryland
(State or country)
17. INFORMANT Wife
(Address) 1434 E Broadway
18. BURIAL, CREMATION, OR REMOVAL
Place Loraine City Date June 8 34
19. UNDERTAKER John A. Moran
(Address) 3000 E Baltimore St
20. FILED 1934 Huntington Williams N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1933
22. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to Dec 29 1933
I last saw him alive on Dec 24 1933 Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Myocarditis	1931

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L Sindler M. D.
(Address) 2348 Eutaw Place

D. B 1268-P E 96884

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96884

93-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 E. 28th St. 9-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Bond

(a) Residence: No. 635 E. 28th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachel

6. DATE OF BIRTH (month, day, year) March 4/1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

13. NAME William Bond

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Julia Williams

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Rachel Bond

(Address) 635 E. 28th St

BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date 1/2/34 19

UNDERTAKER Mrs. George H. Kelly

(Address) 1631 Lewis Ellen

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
" Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Bowen M. D.
Coroner

(Address) 506 E Monument

E 96885

Rev. 7-17-26 A Co. 200 Blks

E 96885

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 118

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 2427 Madison St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Edmonds

(a) RESIDENCE NO. 2427 Madison St. Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Grant

DATE OF BIRTH (month, day, and year) ? 1901

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	32			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 039

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Va.
(State or country)

10 NAME OF FATHER Cyphus Henderson

11 BIRTHPLACE OF FATHER (City or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Henrietta Tyson

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

Informant Mrs. Edmonds
(Address) 2427 Madison

Filed _____ 19 _____

1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 30, 1933 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1933, to Dec 31, 1933,

that I last saw her alive on Dec. 31, 1933

and that death occurred, on the date stated above, at 5.30 m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) Overexertion + Acute Lungstow (duration) 10 hrs yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) W. H. Neufeld M. D.

Dec 31, 1933 (Address) 825 N Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ebenezer, Va

Date of Burial 1/2/34

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill

M. D. B. [illegible] E 96886

E 96886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. [illegible] Ward)

Registered No. 1947

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wood

(a) Residence: No. 1410 Clarkson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME John L. Wood

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Anna Lehmeyer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Laura L. Lucas

(Address) 1410 Clarkson

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 3, 1934

19. UNDERTAKER Howard Evans

(Address) [illegible]

FILED [illegible] 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1933, to Dec 31, 1933

I last saw him alive on Dec 31, 1933. Death is said to have occurred on the date stated above, at 11 35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Tumor. — Type ?	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Merkel, M. D.

(Address) St Agnes Hosp.

D. H. 1268 E 96887

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96887

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Elliott

(a) Residence: No. 623 Sarah Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Maggie Elliott

DATE OF BIRTH (month, day, year) March 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	51	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mabel Lawn

(Address) 623 Sarah Ann

BURIAL, CREMATION, OR REMOVAL

Place Int. Auburn Date JAN 2 . 1933

UNDERTAKER Jesse W. Redden

(Address) 436 W. Biddle St.

FILED JAN 3 . 19 33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 ..

I last saw h alive on ..... 19 .. Death is said to have occurred on the date stated above, at 5:40 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
Other contributory causes of importance: Arterial Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. H. Nevans M. D.
Coroner

(Address) 1305 N Patterson Park Ave

E 96888

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96888

CERTIFICATE OF DEATH

97-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 S. Sharp st 23-01 St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Henry Bailey

(a) Residence: No. 911 Sharp st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of 1894

DATE OF BIRTH (month, day, year) Mar 20 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63 ~~64~~	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John H Bailey

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Margaret Dillahay

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Addie Bailey
(Address) 911 Sharp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 12/31/33 19

19. UNDERTAKER Isaac L Brown & Son
(Address) 1018 Montgomery St

20. FILED Jan 2 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1933 to Dec 29, 1933

I last saw h[illegible] alive on Dec 28 33 death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	12/29/33

Other contributory causes of importance:

Chr Hypertension & arteriosclerosis Spring 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Pros Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. .....

(Signed) Arnold Gamse M. D.

(Address) 615 S. Paca St

M. D. B. 12

E 96889

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96889

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. 8-01 St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Donohue

(a) Residence: No. 1702 North Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME John Donahue

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Anna Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT J. A. Donahue

(Address) 2646 St Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date Jan 3, 1934

19. UNDERTAKER Geo W. Little

(Address) 2700 Edmondson Ave

20. FILED Jan 3 1934 [illegible]

B12 - 1034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1933, to December 31, 1933

I last saw him alive on December 31, 1933 Death is said to have occurred on the date stated above, at 6 15 P. m.

The principal cause of death and related causes of importance were as follows:

1. Prostatic hypertrophy - benign.
2. Generalized Arteriosclerosis
3. Chronic myocardial degeneration & dilatation & mitral insufficiency.

Date of onset

Other contributory causes of importance:

1. Cystitis & Urinary retention
2. Inguinal hernia - left
3.

Name of operation none Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) S. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1 E 96890 E 96890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 51

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: ~~Baltimore~~ Balt City Hospitals St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward Dorsey

(a) Residence: No 1602 Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Dorsey (Dead)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Friends (?) Balt. City Hosp

MOTHER'S MAIDEN NAME

13. NAME Mary Dorsey

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Harriet Johnson

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friends

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Jan 2, 1934

19. UNDERTAKER Thomas E. Kelson

(Address) 1300 Presstman st

Hearse to Funeral Home

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1933 to Dec 30, 1933

I last saw him alive on Dec 30, 1933 Death is said to have occurred on the date stated above, at 10 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	
Cystitis	?
Uremia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) I. Thanel ..... M. D.

(Address) Balt City Hosp.

E 96891

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96891

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hosp. St. 16-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME John Byrd.

(a) Residence: No. 214 Whitecourt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Byrd

DATE OF BIRTH (month, day, year) 1894

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	99			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) Dec 16

11. Total time (years) spent in this occupation. Steady

BIRTHPLACE (city or town) (State or country) Ga.

13. NAME Nora Byrd.

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) S. C.

INFORMANT Nora Byrd
(Address) 214 Whitecourt

BURIAL, CREMATION, OR REMOVAL
Place Rahmond Cemetery Date Jan 2 1934

UNDERTAKER Thomas E. Kelly
(Address) 1303 Pennsylvania Ave

FILED ..... Registrar.

2-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1933

I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h.. alive on ..... 19.. Death is supposed to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Bronchial Pneumonia	
Other contributory causes of importance: Stab wound of lung	
Porter Hosp	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Huck M. D.
Coroner

(Address) Bronx

M. D. F. 12-33 E 96892

E 96892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital — Registered No. 34

CITY OF BALTIMORE: (No. ... St. 21-24 ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Emerson

(a) Residence: No. 707 Ramsay St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 14th 1869

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer at ore mine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Bargain House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 08

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Edward Emerson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Mr Josiah Emerson

(Address) 707 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 1/2/ 1934

19. UNDERTAKER John F Cowen & Son

(Address) 901 Fulton St

20. FILED ... Registrar

M2-1651

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1933 to 12-30, 1933

I last saw h. alive on 12-30, 1933 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic aortitis with aortic regurgitation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Rubin, M. D.

(Address) Franklin Sq. Hosp.

H. D. B 1268-9

96893 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 96893

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2nd Gen Hosp (St.) 11-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Elizabeth Patterson

(a) Residence: No. Rockville Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm F Patterson

DATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...
12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Lillie Cole
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Rebecca Harris
16. BIRTHPLACE (city or town) (State or country) Balto Md
17. INFORMANT Mrs E Patterson
(Address) Rockville Md

BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Jan. 4, 1934
UNDERTAKER Wm. C. Burdette & Son
(Address) Brookeville, Md
FILED 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1934
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. Hopkins Patterson, M. D.
Coroner
(Address) ...

Dec.—8-16-29—L. F. S.—100 Blks.

E 96894

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96894

CERTIFICATE OF DEATH

107-001

REGISTERED NO. 29-01

1—PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. 3714 Woodbine Ave ST.) (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Patrick Quigley (Quigley)

(a) RESIDENCE NO. 3714 Woodbine Ave ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 6 mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Glynn

DATE OF BIRTH (month, day, and year) 12/25/1849

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84		7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Chapel Hall
(State or country) Scotland

10 NAME OF FATHER John Quigley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose Herald

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

Informant Rev P. Quigley
(Address) West Englewood N. J.

Filed JAN 2 - 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2/34

17 I HEREBY CERTIFY, That I attended deceased from 12/27, 1933, to 1/2, 1934

that I last saw h/m alive on 1/2, 1934

and that death occurred, on the date stated above, at 345A m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchio Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Lee J. Loench M. D.

1/2, 1934 (Address) 4710 Liberty Hts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jersey City, New Jersey

DATE OF BURIAL Jan 4 1934

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 605 N. Calvert St.

via 1540 Railroad - Escort. Rev. D. J. Quigley (Son)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96895 E 96895

CERTIFICATE OF DEATH

11-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Bush St., 21-01 Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Miskar

(a) Residence: No. 1513 Bush St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Miskar

6. DATE OF BIRTH (month, day, year): Nov. 29 1894

7. AGE: Years 39 | Months 1 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Daniel Callahan

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Elizabeth Holmes

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: John Miskar
(Address) 1513 Bush St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan. 4, 1934

19. UNDERTAKER: Bernard C. Harder
(Address) 1000 E. Pratt St

20. FILED JAN 2 1934 Huntington Fullerton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1933 to Jan 1st, 1934

I last saw her alive on Jan 1st, 1934 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

Coma — Date of onset Dec 29th

Other contributory causes of importance:

Cardiac insufficiency — Date of onset 1/1/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wilfred Daum M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

✓ E 96896

96896 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs John W Frank

(a) Residence: No. 617 East 34th St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emily Jane Nabbalow

6. DATE OF BIRTH (month, day, year) March 17, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Frank

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emily J. Frank

(Address) 617 E. 34th St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 3, 1934

19. UNDERTAKER Wm. Tuckwell Sons

(Address) North & Penna Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1933, to 1-1, 1934.

I last saw h..... alive on 1-1, 1934. Death is said to have occurred on the date stated above, at 6:25 p.m.

The principal cause of death and related causes of importance were as follows:

Typhus Fever — Date of onset 12-10-33

Other contributory causes of importance:

Repeated thrombus, left leg — 12-27-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Richard Francis M. D.

(Address) Union Memorial Hosp

M. D. B. 1248-9

E 96897

6897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19-01 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas H. Beckett

(a) Residence: No. 112 S Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~47~~ 49		10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Time Jan. 4 1934

19. UNDERTAKER Wm. J. Gallagher & Sons (Address) Baltimore, Md.

20. FILED JAN 2 - 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29 1933 to Jan. 1 1934

I last saw him alive on Jan 1. 1934. Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Nephritis, arteriosclerotic	?
Cerebral Hemorrhage, Left.	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. P. Magill M. D.

(Address) Balt. City Hospitals

ec.—2-29-28—L. F. S.—500 Bks.

E 96898

6898

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

REGISTERED NO. _____

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 647 N. Fulton Ave ST. 16-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Rozena Lazzell

(a) RESIDENCE NO. 647 N. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles B. Lazzell

DATE OF BIRTH (month, day, and year) Nov 9, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Taylor
(State or country) W. Va.

10 NAME OF FATHER Funk.

11 BIRTHPLACE OF FATHER (city or town) Cumberland
(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Cumberland
(State or country) Md.

Informant John Lazzell S S W.

(Address) 647 N. Fulton Ave

Filed JAN 2 - 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31, 1933.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1933, to Dec 31, 1933.

that I last saw her alive on Dec. 31, 1933.

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia (left)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Chr. Nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Frank E. Hamon, M. D.

12/31, 1933 (Address) 100 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Jan 3 1934
UNDERTAKER	ADDRESS
W. J. Tschan & Son	North Ave

E 96899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosh St. 11-01 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. 2 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Baldy

(a) Residence: No. Liberty Rd & Smith St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Marion Baldy

7. DATE OF BIRTH (month, day, year) Mar 19 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	101	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Gold Mines

10. Date deceased last worked at this occupation (month and year) 1886

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md Baldy

13. NAME ...

14. BIRTHPLACE (city or town) (State or country) ...

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) ...

INFORMANT Rev Robt L. Wright
(Address) 308 Woodland Rd

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Jan 2 1934

UNDERTAKER Wm. H. Rucker Sons
(Address) Howard & Lanvale

FILED JAN 2 - 1934 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured L. Femur	
Senility	

Other contributory causes of importance: Chronic Myocarditis

Name of operation Regular Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. A. Luck Coroner, M. D.
(Address) 1300 Eutaw

M. D. B. 1268-0

E 96900

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96900

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 N. Caroline St 10-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Carver

(a) Residence: No. 712 N. Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma Carver

6. DATE OF BIRTH (month, day, year) 3/28/1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roxboro N. C.

MOTHER FATHER

13. NAME Yancy Carver

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Emma Carver
(Address) 712 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Roxboro N. C. Date Jan. 2nd 1934

19. UNDERTAKER Bryant Mamie W. Wright
(Address) 1218 McElderry St

20. FILED 1934 Huntington W. Kinsey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/30 1933 to 1/1 1934

I last saw h./M. alive on 12/31 1933 Death is said to have occurred on the date stated above, at 3.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/30/33

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Eugene Brown M. D.

(Address) 1500 E. Madison St

M. D. E 96901 ✓ E 96901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-002

Registered No. 8-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Cliftview St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie M. McSchofield

(a) Residence: No. 1613 Cliftview St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. J. C. McSchofield

6. DATE OF BIRTH (month, day, year) Sept. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Geo. H. Reese

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Caroline Klingler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Naomi M. Kinney

(Address) 1613 Cliftview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 3 1934

19. UNDERTAKER John Weddick & Bro & Williams

(Address)

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1933 to Jan 1 1934

I last saw her alive on Dec 31 1933. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Exophthalmic Goitre	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Hawey Donella M. D.

(Address) 817 Park Ave.

M. D. B. 1268-0 E 96902

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96902

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Wheeler

(a) Residence: No. 929 Plum Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-12-10

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	2 4	18 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Beckett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lottie Wheeler

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1—4 1934

19. UNDERTAKER James A. Adams
(Address) 14½ Hudson St

20. FILED 1-2 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1933, to Dec. 31, 1933.
I last saw him alive on 12-31, 1933. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. W. Emerson M. D.

(Address) Balto. City Hospitals

E 96903

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96903

92-001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Adell Ave. ST., 76-04 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Jane Greer

(a) RESIDENCE NO. 1606 Adell Ave. ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of David George Greer

DATE OF BIRTH (month, day, and year) May 20 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Millbrook Canada

10 NAME OF FATHER Thos. Crummer

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Anna Owens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

Informant Roy E. Greer

(Address) 1702 W. Fayette St

Filed Jan 3 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31, 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1933, to Dec. 31, 1933.

that I last saw her alive on Dec. 31, 1933

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis and Myocarditis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Williamson, M. D.

12/31, 1933 (Address) 5713 Belair Rd, Balt, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Jan 3 1934

20 UNDERTAKER F. Vernon Kechner

ADDRESS 533 Hollins St

M. D. B. 1 E 96904 ✓ E 96904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Aged Mens Home
CITY OF BALTIMORE: (No. 1400 W Lexington St. 19-01 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John A Johanson
(a) Residence: No. 1400 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 20 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72		11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER
13. NAME Johannes Erickson
14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER
15. MAIDEN NAME Edde Nelson
16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mary E Forestal
(Address) 1400 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 2 19...

19. UNDERTAKER J Vernon Redmer
(Address) 532 Belmont

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933 to Dec 31, 1933
I last saw him alive on Dec 31, 1933 Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia bilateral	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify
(Signed) Edwin C Jones M. D.
(Address) 1115 St Paul St.

E-1934

M. D. F. 1268-9

E 96905

96905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Avenue St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY CLARE RINGGOLD

(a) Residence: No. 4301 Roland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Orleans (State or country) LA,

FATHER

13. NAME Alexander H. Ringgold

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Mary R. Myer

16. BIRTHPLACE (city or town) Baltimore, (State or country)

17. INFORMANT Rev. Sister Emily

(Address) Kirkleigh Villa

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemtery Date Jan, 2, 19 34

19. UNDERTAKER Chas. E. Brauerton

(Address) 118 Mind Royal Ave

20. FILED 19 Registrar.

JAN 2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 33 to Jan 1, 34

I last saw h alive on Jan 1, 19 34 Death is said to have occurred on the date stated above, at 3 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	Dec 27
Other contributory causes of importance: Senility & Hypostatic	

Name of operation None Date of

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent J Keeley M. D.

(Address) 600 Somerset Road

M. D. B. 1268-9

E 96906

96906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

13-21

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3212 Auchentoroly Terrace St., ... Ward)

Length of residence in city or town where death occurred Lifetime mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CELEST W. WHALEN

(a) Residence: No. 3212 Auchentoroly Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Whalen

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank F. Conway

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret Kennedy

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Joseph P. Whalen
(Address) 3212 Auchentoroly Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Jan. 3 19 34

19. UNDERTAKER Chas. F. Kraus & Son
(Address) 118 N. Mt. Royal Ave

20. FILED Jan 3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1933, to Dec. 31, 1933.

I last saw her alive on Dec. 31, 1933. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Sept. 7

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify None

(Signed) Thomas M. Bolen M. D.

(Address) 2701 N. Calvert St

M. D. B. 1268-8

96907 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 96907

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH (a hospital or institution, give its NAME instead of street and number.) Registered No. .....

CITY OF BALTIMORE: (No. 2925 Hudson St. 10th Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Henry E. Fowler

(a) Residence: No. 2925 Hudson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Mrs. Susie A. Fowler

7. DATE OF BIRTH (month, day, year) Aug 18, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel County

MOTHER

13. NAME Henry Fowler

14. BIRTHPLACE (city or town) (State or country) Anne Arundel County

FATHER

15. MAIDEN NAME Ellen Rockhold

16. BIRTHPLACE (city or town) (State or country) Anne Arundel County

17. INFORMANT Mrs Wm Fowler

(Address) 2925 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1/4/ 1934

19. UNDERTAKER J. J. Neumann & Son

(Address) 312 S Broadway, Huntington Hillcrest, L. I.

20. FILED 1-4-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1933 to 12-31, 1933

I last saw h. alive on 12-31, 1933. Death is said to have occurred on the date stated above, at 11 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy, and Anemia	? Dec 25-? 1933

Other contributory causes of importance:

Senility Arteriosclerosis	?

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward H. Jordan M. D.

(Address) Church Home & Inf.

M. D. B. 1268-9

E 96908

96908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 Aisquith St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Ware

(a) Residence: No. 432 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Marr'ed, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elliot Ware

7. DATE OF BIRTH (month, day, year) 1850

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Wilson

14. BIRTHPLACE (city or town) (State or country) Ind

15. MAIDEN NAME Louisa —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Clara Faulkner

(Address) 524 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1-2 1934

19. UNDERTAKER Dent Emerson

(Address) 1 Edgewood Pl

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1- 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Angina Pectoris M. D.
Coroner

(Address) 2[illegible]

M. D. B. 1268-9

✓ E 96909

HEALTH DEPARTMENT—CITY OF BALTIMORE

96909

CERTIFICATE OF DEATH

91-001

Registered No.

1. PLACE OF DEATH St Agnes Hosp. 30-91 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Dee Murphy

(a) Residence: No. 2105 Wilkens Ave St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — — —

6. DATE OF BIRTH (month, day, year) June 10th 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt Manf.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Murphy
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Limberg
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Louise Kline
(Address) 2105 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Jan 3rd 1934

19. UNDERTAKER E Schloman & Son
(Address) 1039 Hanover st

20. FILED 2-1934 By ..... for Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1933 to Dec 30, 1933.
I last saw her alive on Dec 30, 1930 Death is said to have occurred on the date stated above, at 9 30 p m.

The principal cause of death and related causes of importance were as follows:
Bacterial Endocarditis
Empolisum.

Date of onset 10 2 33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl G Merkel, M. D.

(Address) St Agnes Hosp

M. D. B. 1268-9

MD E 96910

96910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

212-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76-01 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Bernard P. Piezonki

(a) Residence: No. 4820 O'Donnell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 9 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pulo Md

13. NAME John Piezonki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Trudel

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Piezonki
(Address) 4820 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL Buried Leakin Date Jan. 3. 34
Place

19. UNDERTAKER Tilley & Gilbertson
(Address) 403 S. Bond St.

20. FILED ..., 19... Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... Death is said I last saw h... alive on ..., 19... to have occurred on the date stated above, at 2.35 a m.

The principal cause of death and related causes of importance were as follows: Acute Cardiac Failure. Due to Punctured wound of Trachea, Accidental

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 12/26 1933

Where did injury occur? 4820 O'Donnell St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Slid[illegible]

Nature of injury Puncture of Trachea

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) ... M. D.
Coroner

(Address) ...

Spec—12-13-21—E P R S—400 Bks.

E 96911

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96911

CERTIFICATE OF DEATH.

108

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. ~~[illegible]~~ 4134 Edmondson St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Wm. R. Bullwood

(a) Residence No..... 4134 Edmondson St.,..... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Bullwood

6-DATE OF BIRTH (month, day and year) Apr 13 1892

If LESS than 1 day, 0 hrs. or 0 min.?

7-AGE. 41 yrs. 4 mos. 18 ds.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)..... 045

(c) Name of employer..... Self

9-BIRTHPLACE (city or town)..... Newcastle Delaware
(State or Country).

PARENTS.

10-NAME OF FATHER. Joseph Bullwood

11-BIRTHPLACE OF FATHER (city or town) England
(State or Country).

12-MAIDEN NAME OF MOTHER. Lucy Thatcher

13-BIRTHPLACE OF MOTHER (city or town) England
(State or Country).

14- (Informant)..... Helen Bullwood

(Address)..... 4134 Edmondson

15- 2-1-1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Dec 31 1933

17- I HEREBY CERTIFY, That I attended deceased from Dec 9 1933 to Dec 31 1933

that I last saw him alive on Dec 31 1933

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(Agonal by Pneumonia)

(Duration) 16 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy?..... No

What test confirmed diagnosis? Physical Exam

(Signed)..... L. A. Lally, M. D.

1/1, 1934 (Address) 3517 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cem

DATE OF BURIAL. 1-3-1934

20-UNDERTAKER. Robert Brooks & Son

ADDRESS Calhoun & Hollins Sts

M. D. F. 1268-6

E 96912

HEALTH DEPARTMENT—CITY OF BALTIMORE

96912

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 N. Chester St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? 1 yrs., mos. da.

2. FULL NAME Virginia W. Randle

(a) Residence: No. 1204 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Randle

6. DATE OF BIRTH (month, day, year) Oct 1, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Edwin Roane

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Gertrude Groome

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Charles Randle
(Address) 1204 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 3 1934

19. UNDERTAKER Frank Brackbon
(Address) 906 Linden Ave

20. FILED 1934 Huntington Undertaking Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1933 to Dec. 31, 1933

I last saw h[illegible] alive on Dec 30, 1933 Death is said to have occurred on the date stated above, at 11. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1 yr

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Vincent V. Cooke M. D.

(Address) 845 N. Eutaw St

M. D. R. 1268-9

96913 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 96913

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Brentwood Ave 10-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary R Mullen

(a) Residence: No. 1012 Brentwood Ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barnard J Mullen

6. DATE OF BIRTH (month, day, year) Oct 25 61

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Wm Reynolds

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Alice McCann

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Mullen

(Address) 1012 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 3.. 19 34

19. UNDERTAKER Rita Wickford

(Address) 91[illegible] Monument Ave

[illegible] Washington, Indiana, N.Y.

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 26 1933 to December 30 1933.

I last saw h[illegible] alive on December 29, 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe	Dec 26
Uremic Poisoning	Dec 29

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) John D Wickford M. D.

(Address) 936 E Monument St

M. D. B. 1268-9

E 96914

HEALTH DEPARTMENT—CITY OF BALTIMORE

96914

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE MD

CITY OF BALTIMORE: (No. 1906 Dakehill Ave. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Hannah E. Murphy

(a) Residence: No. 1906 Oakhill Ave. Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Dennis Fenton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Dineen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Murphy
(Address) 1906 Oakehill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 2 1934

19. UNDERTAKER Rita Winkler
(Address) 914 Greenmount Ave

20. FILED JAN 2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30 1933

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1933 to December 30, 1933

I last saw her alive on December 30, 1933 Death is said to have occurred on the date stated above, at 11.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/29/33

Other contributory causes of importance:
Myocardial Degeneration with Fibrillation. Arteriosclerosis and Nephritis.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify. .....

(Signed) J. E. Boyle M. D.

(Address) ST. JOSEPH'S HOSPITAL

M. D. B 1268-9

✓ E 96915

96915 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

34

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals - Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ike Williams

(a) Residence: No. 569 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1885

7. AGE: Years 48 | Months | Days | If LESS than 1 day... hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Dennis Williams

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Celia Garrison

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records (Address): Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL: Place University of Md Date Jan 2 19[illegible]

19. UNDERTAKER: [illegible] (Address)

20. FILED Jan 3, 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Dec. 27, 1933

I last saw him alive on Dec. 27, 1933 Death is said to have occurred on the date stated above, at 3:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, Tertiary	?
Aneurysm Ascending Aorta	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

96916

HEALTH DEPARTMENT—CITY OF BALTIMORE

ME 96916

CERTIFICATE OF DEATH

Registered No. 207

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Found along side of Pa. R. R. tracks near Gwynns Falls bridge 16-01 Ward)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy M. Jones. (C)

(a) Residence: No. 703 N. Carrollton Ave. St., Ward. N. Carolina
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Single.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

7. DATE OF BIRTH (month, day, year): October 11, 1929

7. AGE: Years 4 | Months 2 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Carolina.

FATHER
13. NAME: Frederick Jones. (C)
14. BIRTHPLACE (city or town) (State or country): North Carolina.

MOTHER
15. MAIDEN NAME: Bertha Jones. (C)
16. BIRTHPLACE (city or town) (State or country): North Carolina.

17. INFORMANT (Address): Hattie Banks. (C) 703 N. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Date Jan 2, 1934

19. UNDERTAKER (Address): Mrs Katie R. Wilkins Huntington Ave. Baltimore, Md.

20. FILED 1-2-1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from ----------, 19 to ----------, 19

I last saw h alive on ----------, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Laceration of the brain, multiple fractures of the skull, chest, pelvis and extremities.
by being struck by Pa. R. R. Engine

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ----------, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

1/2/34 (Address) 1017 S. Charles St.

Spec.—1-10-21—M&T—1500 Blks.

E 96917

96917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 Piedmont Ave ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank La Barrer

(a) RESIDENCE NO. 3403 Piedmont Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie LaBarrer

6 DATE OF BIRTH (month, day, and year) June 13, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Safety Engineer 30

(b) General nature of industry, business, or establishment in which employed (or employer) Standard Accident Ins. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER George LaBarrer

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Glen

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs. Mattie LaBarrer

(Address) 3403 Piedmont Ave.

15 Filed 1-3 1934 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2- 1934

17

I HEREBY CERTIFY, That I attended deceased from Nov 10 1933 to Jan 2 1934,

that I last saw him alive on Jan 1 1934,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

Cardiac Fibrillation

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Myocarditis Interstitial nephritis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Bernard S. French, M. D.

1/2, 1934 (Address) 2329 Druid Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Jan. 4 1934

20 UNDERTAKER Joseph H. Cook

ADDRESS 1003 West Baltimore St

M. D. B. 1268-9

E 96918

HEALTH DEPARTMENT—CITY OF BALTIMORE

96918

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 Scott St., 21-01 Ward)

Length of residence in city or town where death occurred 9 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Smith

(a) Residence: No. 317 Scott St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Charles Smith

6. DATE OF BIRTH (month, day, year) Dec 25th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas Rachlin

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth E Knittle

(Address) 4201 Sommerville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 1/3/ 1934

19. UNDERTAKER John F Cowan & Son

(Address) 1611 W Lanvale St

20. FILED 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1/ 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933 to Jan 1, 1934

I last saw h.. alive on Jan 1, 1934 Death is said to have occurred on the date stated above, at 3:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	12/30/33
Other contributory causes of importance:	
Fracture left hip.	12/1/33
Chronic Int. Nephritis Etc.	

Name of operation none Date of

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~? Yes Date of injury 12/1 1933

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fracture left hip

Nature of injury Fall down steps.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos Holmes, M. D.

(Address) 1616 W Lanvale St

M. D. B. 1268-9

E 96919

96919 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

59

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-a Ward)

Length of residence in city or town where death occurred 10 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? 6 yrs. -- mos. -- ds.

2. FULL NAME Joseph Stamen

(a) Residence: No. St. Ignatius' Church St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Feb. 5, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	10	26	

OCCUPATION

8. Trade, profession, or partiruiar kind of work done, as spinner, sawyer, bookkeeper, etr. Religious 65

9. Industry or business in whirh work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Totai time (years) spent in thia ocrupation

12. BIRTHPLACE (city or town) --------- (State or country) Germany

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (rity or town) --------- (State or country) Germany

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (rity or town) --------- (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wernersville, Pa. Date 1/3 19 34

19. UNDERTAKER Henry H. Meyers & Son
(Address) 801 W. Fulton St.

FILED 1-2-1934 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1933 to Jan 1 1934

I last saw him alive on Jan 1 1934 Death is said to have occurred on the date stated above, at 2.30 A. m.

The principal rause of death and related causes of importanre were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	?
Lobular Pneumonia	3 days
Other contributory causes of importanre: Diabetes Mellitus	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. H. Devine M. D.

(Address) Mercy Hospital

Spec.—1-12-23—M&T—500 Blks.

E 96920 E 96920

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 Penn Lucy Ave. St., 24-01 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Jenkins McMally

(a) RESIDENCE NO. 826 Penn Lucy Ave St., WARD 24th
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella May Hynes

DATE OF BIRTH (month, day, and year) Oct 19 1877

AGE Years	Months	Days	If LESS than 1 day, hrs or ... min.
56	2	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Agent O45

(b) General nature of industry, business, or establishment in which employed (or employer) Real estate

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) U. S. A.

10 NAME OF FATHER Michael A. McMally

11 BIRTHPLACE OF FATHER (city or town) (State or country) U.S.A.

12 MAIDEN NAME OF MOTHER Ada Reardon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U.S.A.

14 Informant (Address) Robert J. McMally Jr 826 Penn Lucy Ave.

Filed JAN 2 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1934

17 I HEREBY CERTIFY, That I attended deceased from July, 1933, to Jan 1, 1934, that I last saw him alive on Jan. 1, 1934 and that death occurred, on the date stated above, at 11⁴⁵ P. m.

The CAUSE OF DEATH* was as follows:

Hypertension
Arteriosclerosis
Chronic Nephritis
(duration) 5 yrs. mon ds.

CONTRIBUTORY (Secondary) Uremia
(duration) yrs. mon. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Path

(Signed) Francis H Ellis, M. D.

, 19 (Address) 616 Dumbarton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Jan 4th 1934

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

M. D. B. 12 E 96921 E 96921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 Collins Ave 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Reck

(a) Residence: No. 230 Collins Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of: Robert F. Reck

6. DATE OF BIRTH (month, day, year): July 20th 1880

7. AGE: Years 53 | Months 5 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: George Steg

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown Yokel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Robert F Reck

(Address): 230 Collins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Jan 3rd 1934

19. UNDERTAKER: Wm Cook

(Address): 1217 E Fayette St

20. FILED Jan 3 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 31st 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1931 to Dec 31 1933

I last saw h alive on Dec 31 19 Death is said to have occurred on the date stated above, at 11:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus with Metastasis	1/8/31

Other contributory causes of importance:

Name of operation: Curettage Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Cook M. D.

1/2/34 (Address) 2145 N Bakr

M. D. B. 12 E 96922 E 96922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Abbotts Tow St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

2. FULL NAME William E. Smith

(a) Residence: No. 1531 Abbotts Tow St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 17th 1926

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
7	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Benjamin Smith

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Helen Ebert

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Benjamin Smith
(Address) 153 Abbotts Tow St

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Jan 3rd 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 3 - 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933 to Jan 1 1934
I last saw him alive on Jan 1 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure	Jan 1

Other contributory causes of importance: Imbecile Retarded from birth

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo Finneman M. D.

(Address) 2356 Harford Ave

M. D. B 1

E 96923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Schlund

(a) Residence: No. 2612 Kentucky Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

3a. If married, widowed, or divorced HUSBAND of ..... (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 11 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	4-5 6	???	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Un Known

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME George Schlund

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Gernath

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Madeline M. Fritzges (niece)

(Address) 4210 Antana Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 4 1936

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1/36. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8.40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Probably Acute Alcoholism	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. H. Wales M. D.

Coroner

(Address) 506 E Monument

M. D. B. 1268 E 96924 E 96924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4912 Grindon Avenue St., 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME David S. T. Fowler,

(a) Residence: No. 4912 Grindon Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret C. Fowler

6. DATE OF BIRTH (month, day, year) May 24, 1852

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	81	7	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Phillip Fowler

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Caroline Bodensick

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Margaret Fowler
(Address) 4912 Grindon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 1/4/34 19

19. UNDERTAKER Leander Sons
(Address) 701 Eastern Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1933 to Jan 1 1934

I last saw h... alive on Jan. 1, 1934 Death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
hypertension +	
Arteriosclerosis	

Other contributory causes of importance:

Grippe

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Claud Fowler M. D.
1/2/34 (Address) 4706 Harford Rd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

96925

CERTIFICATE OF DEATH

E 96925

210-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Eastern Gen Hospital St., (Ward) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Hyman

(a) Residence: No. 3601 Park Heights Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ray

6. DATE OF BIRTH (month, day, year) Aug 17 - 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Franz Sattler

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Chysia

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Retta Fadner

(Address) 3613 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Leland Woodlawn Date 1/3/34 19

19. UNDERTAKER Jack Leuz Inc.

(Address) 1439 E Balto St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 34. 19

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 to 19

I last saw him alive on Injury 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Comp. Fracture of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1/2/34

Where did injury occur Annapolis Rd in Lights Corner (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Automobile he was driving

Nature of injury Fracture of Skull + cut a Foot

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 200 E Madison St

M. D. B. 1248-A

E 96926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96926

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 North Ave East St., 9-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Olive Augusta Gross

(a) Residence: No. 916 E. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 30/1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sculptress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 01

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Charles J.Gross

14. BIRTHPLACE (city or town) (State or country) Balto.. Md. Maryland.

MOTHER

15. MAIDEN NAME Ella M. Houck

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

17. INFORMANT Charles J. Gross
(Address) 916 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Jan 4 1934

19. UNDERTAKER Wm. J. Tetrault & Sons
(Address) 1 Penn Ave. Huntington, Indiana

20. FILED JAN 5 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at before midnight m.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Cardiac failure	
Mitral Insufficiency due to	
Rheumatism	

Other contributory causes of importanre:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J S H Quinn M. D.
Coroner

(Address) 508 E Lnrt Ave

M. D. B. 1268 E 96927

E 96927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 Elsinor St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Edward Thrift.

(a) Residence: No. 2100 Elsinor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Thrift.

6. DATE OF BIRTH (month, day, year) Oct. 12, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. M. Wagner & Co.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry Thrift.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Laura Sutton.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Margaret E Thrift
(Address) 2100 Elsinor ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan. 4 1934

19. UNDERTAKER Wm. H. Deitrick & Sons
(Address) North & Paves.

20. FILED ... 19... [illegible] Registrar

1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from July - 1 - 1933 to Jan. 2 - 1933
I last saw him alive on Jan. 1 - 1933 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis -	1933

Other contributory causes of importance:

Arteriosclerosis	1933
Cardiac Insufficiency	

Name of operation ... Date ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ...

(Signed) Martin H. Short M. D.

(Address) 806 N Gilmor ave

E 96928

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

96928

CERTIFICATE OF DEATH

124-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 Carrollton av St. 16-01 Ward)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Levi G. Fossett

(a) Residence: No. 1139 Carrollton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Fossett.

6. DATE OF BIRTH (month, day, year) Oct 10, 1857

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	76	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop

10. Date deceased last worked at this occupation (month and year) About 1933

11. Total time (years) spent in this occupation 40+

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Levi G. Fossett

14. BIRTHPLACE (city or town) (State or country) Howard Co Maryland.

MOTHER

15. MAIDEN NAME Mary Nelson

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

17. INFORMANT Adelaide Greene

(Address) 1139 Carrollton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/3/1934

19. UNDERTAKER Mrs. George E. Holland

(Address) 163 Druid Hill Ave

20. FILED JAN 3 - 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933, to Dec 30, 1933

I last saw him alive on Dec 30, 1933, death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis, Chronic (Cardiac Enlargement & Failure)	1924.
Other contributory causes of importance? Hepatic Cirrhosis	1929.

Name of operation Laparotomy & Thyrectomy Date of Aug-1-1933

What test confirmed diagnosis ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William H Wright, M. D.

(Address) Dec 31-1933.

M. D. B 1261-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96929 ✓ 164-007 E 96929

Registered No.

E 96929

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 N. Wolfe St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME J. louis Freund, Sr..

(a) Residence: No. 1634 N. Wilfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Agnes Freund

6. DATE OF BIRTH (month, day, year) Feb 2/1882

7. AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	51	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sunt Cigar Factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed 01

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Conrad Freund

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Robert H. Freund
(Address) 1634 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Family Cemetery Date Jan 4 1934

19. UNDERTAKER Henry Breck Sons, Inc
(Address) 130 E Eager St

FILED JAN 3 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at Before 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Jan 2/34

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Wall bracket on-no attachments.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Owens M. D.
Coroner

(Address) 506 E North Ave

M. D. B. 1268-9

96930 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 96930

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 8-ol (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph M. Parks.

(a) Residence: No. 1233 N. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Belle Parks

6. DATE OF BIRTH (month, day, year): Feb. 4, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Edward C. Parks

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Ellen C. Johnson

16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Jan 4, 1934

19. UNDERTAKER: Mrs Mrs. John M. Trifletson
(Address) 901 W. Lafayette Ave

20. FILED Jan 3 1934 By Euston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1932 to Jan. 1, 1934

I last saw h.im alive on Jan. 1, 1934. Death is said to have occurred on the date stated above, at 3.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. TBC	Dec 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M.W. Jacobson, M. D.

(Address) Balto. City Hospitals

M. D. B. 1265

E 96931

ME 96931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp. St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry D. Willing

(a) Residence: No. 301 Monastery Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) March 8, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutting Dept. & Sundell Bros.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Leslie F. Willing

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary H. Disharoon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Leslie F. Willing

(Address) 301 Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cohan Md Date 1/3 , 1934

19. UNDERTAKER Fuge & Fahey Fulton Ave

(Address)

1/3 1934 Registrar.

20. FILED 1-3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation Trephining Date of 1/1/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1/1, 1934

Where did injury occur? Edmondson Ave & Longwood St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while on the street

Nature of injury Injuries about the head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..... Coroner M. D.

(Address) 1100 E. Madison St

M. D. B. 1269 E 96932 E 96932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. 13-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Callow ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in rity or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gitel Hurwitz

(a) Residence: No. 2216 Callow ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in whirh work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this ocrupation

12. BIRTHPLACE (rity or town) (State or country) Russia

FATHER

13. NAME Hirsch Lafer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Thesa Kadamsky

16. BIRTHPLACE (rity or town) (State or country) Russia

17. INFORMANT Abraham Hurwitz

(Address) 2216 Callow ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date Jan 3 19 34

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st.

20. FILED Jan 3 - 1934 [illegible] Registrar.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 2 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Jan. 2 1934

I last saw her alive on Jan. 2, 1934 Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular renal disease	About 2 years
Hypertension	" "
Other contributory causes of importance:	
Apoplexy	6 hours
None	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suiride, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Sussman M. D.

(Address) 2870 Eastern Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96933

CERTIFICATE OF DEATH

✓ 48 E 96933

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Perrish St. St., 14-01 Ward)

Length of residence in city or town where death occurred 18 yrs. --mos.--ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Manley.(C)

(a) Residence: No. 412 N. Perrish St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of John Manley.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	----	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Joseph Johnson.(C)

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Mary ----------(C)

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT John Manley.(C) husband.
(Address) 412 N. Perrish St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date Jan 3 . 1934

19. UNDERTAKER Thomas. E Kelso
(Address) 1303 Presstman st.

20. FILED JAN 3 - 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31, 1933 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Uterus.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Otto M Reinhardt Coroner . M. D.

1/5/34 (Address) 1017 E. Charles st.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96934

CERTIFICATE OF DEATH

XV 184 E 96934

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen. Hosp St. 11-0 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Baker

(a) Residence: No. Aberdeen Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Dec 27. 1915

7. AGE: Years 18 yrs 4 Months 0 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HS

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aberdeen Md

FATHER

13. NAME Wilbur R. Baker

14. BIRTHPLACE (city or town) (State or country) Aberdeen Md

MOTHER

15. MAIDEN NAME Mable Charles

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT John L. Fanning

(Address) Aberdeen Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bakers Sunday Date Jan 6 1934

19. UNDERTAKER Denny Fanning Sons

(Address) Aberdeen Md.

20. FILED Jan 3 1934 Registrar. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934

I last saw h alive on Jan 2 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Accident Pistol wound of Abdomen — Date of onset

Other contributory causes of importance:

Name of operation Exploratory Date of Jan 2

What test confirmed diagnosis Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Injury Jan 2 1934

Where did injury occur? Hartsville Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Louis Coroner M. D.

(Address)

M. D. B. 1268-B

Charles Burkert

HEALTH DEPARTMENT—CITY OF BALTIMORE 3

E 96935

CERTIFICATE OF DEATH

93-E 96935

Registered No.

1. PLACE OF DEATH Pronounced dead at 8-01

CITY OF BALTIMORE: (No. Mercy Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Burkert

(a) Residence: No. 1212 E. Lord St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brickmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hemp & Twine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Salts City

FATHER

13. NAME Charles Burkert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Seney

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. R. Thompson

(Address) 1220 E. Lord

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Tues Jan 4. 1938

19. UNDERTAKER George Lauchheimer & Son

(Address) Monument & Aqueduct Sts.

20. FILED JAN 3 1938 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Jan 2, 1938

I last saw h alive on Jan 1, 1938 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Hypertension	1 yr

Other contributory causes of importance: Coronary Thrombosis Fracture

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify

(Signed) James H. Proctor, M. D. Coroner

(Address) Forest Park

Spec.—2-29-28—L. F. S.—500 Bks.

E 96936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 96936

1—PLACE OF DEATH 2310 Mosher St. REGISTERED NO. 28-01

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick William Ludwig

(a) RESIDENCE NO. 713 Dryden Drive WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 4 mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine M. Schumann

6 DATE OF BIRTH (month, day, and year): Aug 16-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sheet Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Fred W. Ludwig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Mary Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Josephine M. Ludwig

(Address) 713 Dryden Drive

15 Filed JAN 3 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 31, 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1933 to Dec. 31, 1933

that I last saw him alive on Dec. 30, 1933

and that death occurred, on the date stated above, at 12:10 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis of Lungs (duration) 2 yrs. mos. ds.

18 Where was disease contrarted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam. X-rays

(Signed) Charles L. Baggott, M. D.

, 19 (Address) 2229 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery | DATE OF BURIAL: 1/3/1934

19 UNDERTAKER: H. S. Washington | ADDRESS: 301 Eutaw Pl.

M. D. B. 12-30 E 96937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96937

CERTIFICATE OF DEATH

46V

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 17-01 Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L Byrd

(a) Residence: No. 1107 Elliott St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Byrd

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Louisa Gaskins

(Address) 1107 Elliott St

18. BURIAL, CREMATION, OR REMOVAL

Date Jan 3 1933

19. UNDERTAKER Barbian & Heyesley

(Address) 818 Druid Hill Ave

20. FILED ..... 19..

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.., to ..... 19..

I last saw h— alive on ....., 19.. Death is said to have occurred on the date stated above, at 2 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1305 N. Fulton Ave

AaCo. 5-31 2M E 96938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96938

CERTIFICATE OF DEATH

√ 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 306 S. Vincient street (St.) 4-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds. Abt. 30 yrs.

2. FULL NAME Mary E. Rogers

(a) Residence: No. 306 S. Vincient st St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Rogers

6. DATE OF BIRTH (month, day, year) April 3rd. 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Carrol Co., Md.

FATHER

13. NAME James Carrol

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Annie Dorsey

16. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

17. INFORMANT Elsie Washington (Daughter)
(Address) 306 S. Vincient st

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Cem. Date Jan 3, 1934

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E. Lafayette Ave.

20. FILED JAN 3 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22 1933 to Dec. 30th. 1933

I last saw her alive on Dec. 30th 1933 Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Dec. 22nd. 1933
Other contributory causes of importance: Ch. Inter. Nephritis	Abt 2 yrs.

Name of operation None Date of ...
What test confirmed diagnosis? Physical Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Walter J. Jackson, M. D.
(Address) 1631 N. Franklin st

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96939

CERTIFICATE OF DEATH

XV E 96939

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 115-101 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Miss) MARY B. JACKSON

(a) Residence: No. Pikesville, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 6 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 069 School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME [redacted] E Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Fennessa

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs Chas. T. Crane
(Address) Pikesville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan 4 1934

19. UNDERTAKER Lowry W. Jenkins Sons Co
(Address) McCulloh & Orchard Sts

20. FILED 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from December 28 1933 to January 2, 1934.
I last saw h[redacted] alive on January 2 1934. Death is said to have occurred on the date stated above, at 1:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic Angina	12/26/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard Frances M. D.
(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 96940

96940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708. W. Fayette St. 4-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Pautienuis

(a) Residence: No. 708. W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 18t

12. BIRTHPLACE (city or town) (State or country) Lithunia

FATHER

13. NAME Casimir Pautienuis

14. BIRTHPLACE (city or town) (State or country) Lithunia

MOTHER

15. MAIDEN NAME Anna Matuseuetuis

16. BIRTHPLACE (city or town) (State or country) Lithunia

17. INFORMANT Mary Remiekis

(Address) 708. W. Fayette. Street,

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 4. 1934

19. UNDERTAKER John Grebliauckas

(Address) 423. S. Paca. Street,

20. FILED ..... 19..... Registrar

JAN 3 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/9, 1933 to Jan 1, 1934

I last saw him alive on Jan 1, 1934 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema — Date of onset 12/29

Other contributory causes of importance:

Bilateral Chronic Tuberclosis — 2yrs

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Joseph E Lankart M. D.

(Address) 679 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96941 Helen Lampton Lowe ✓ E 96941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St.) 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. moa. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Lampton Lowe

(a) Residence: No. 618 West 40th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John B Lowe

6. DATE OF BIRTH (month, day, year) Oct 21-1903

7. AGE	70 Years	2 Months	12 Days	If LESS than 1 day, hrs. or min.
			11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jackson Miss

FATHER

13. NAME Thad Lampton

14. BIRTHPLACE (city or town) (State or country) Miss.

MOTHER

15. MAIDEN NAME Emma Terrell

16. BIRTHPLACE (city or town) (State or country) Miss.

17. INFORMANT J. Blake Lowe (Address) 618 W. 40th St.

18. BURIAL, CREMATION, OR REMOVAL Place Jackson Miss. Date July 6 1934

19. UNDERTAKER Chas. A. Gutschow & Sons Inc (Address) 1900 Eutaw Place

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2- 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-23 1933 to 1-2 1934

I last saw her alive on 1-2- 1933. Death is said to have occurred on the date stated above, at 3:40 p m.

The principal cause of death and related causes of importance were as follows: Hemolytic Streptococcus Septicemia / — Date of onset 12-24-33

Other contributory causes of importance: Cellulitis of neck — Date of onset 12-24-33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin B Jarrett M.D.

(Address) 1115 St. Paul St.

V 9-3

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-29 E 96942 ✓ E 96942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) H-6 (Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beulah Collins

(a) Residence: No. 672 W Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Collins (Dead)

6. DATE OF BIRTH (month, day, year) Aug. 30, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework - 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James H. Green

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 3 1934

19. UNDERTAKER Jno. H. Evans & Son (Address) 1538 Dolphin St.

20. FILED Jan 3 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1933 to December 31, 1933
I last saw her alive on December 31, 1933 Death is said to have occurred on the date stated above, at 5-30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, C.N.S.	?
Intraventricular hemorrhage	Terminal

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. Rhuvel ... M. D.

(Address) Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 250B E 96943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96943

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 N. Caroline St. St., 9-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARY JANE KATZENBERGER

(a) Residence: No. 1326 N. Caroline St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John L. Katzenberger

6. DATE OF BIRTH (month, day, year) Jany. 19th. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME James Malone
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret McCoy
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Family
(Address) 1326 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Jan. 6, 1934

19. UNDERTAKER Chas. H. Grace & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED ... 19... by ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/15, 1933 to 1/2, 1934 I last saw h[er] alive on 1/2, 1934 @ death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	17 days
Other contributory causes of importance:	
Oedema of lungs	24 hrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dr Bernard Wolff M.D.
(Address) 1216 N. Calvert St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96944

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96944

CERTIFICATE OF DEATH

34

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Llewelyn Ave St. 8-01 Ward)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jessie Gillette

(a) Residence: No. 2010 Llewelyn Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Cora Gillette

6. DATE OF BIRTH (month, day, year) June 26 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	— 6	— 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Moses Gillette

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maria Norkd

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Cora Gillette wife
(Address) 2010 Llewelyn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 3 1934

19. UNDERTAKER Mrs R. A. Ellis
(Address) 1129 N. Caroline

20. FILED ..., 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1933, to Dec 31, 1933

I last saw him alive on Dec 30, 1933. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Dec 31 1933
Other contributory causes of importance: Mitral Insufficiency Hypertension Cardiac Hypertrophy	Nov 30 1933

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. J. Young M. D.

(Address) 1424 E Monument st

OCCUPATION is very important. See instructions on back of certificate.

Z. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96945

96945

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 N. Dallas St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME Margaret Dolores Jeffries

(a) Residence: No. 1328 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 29/33

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	3 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Arthur Jeffries

14. BIRTHPLACE (city or town) (State or country) Nottoway Co., Va

MOTHER

15. MAIDEN NAME Maud Dunny (Dunuy)

16. BIRTHPLACE (city or town) (State or country) Nottoway Co., Va

17. INFORMANT Arthur Jeffries
(Address) 1328 N. Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Jan 4 1934

19. UNDERTAKER Mrs R. A. Elliott
(Address) 1129 N. Carrollton

20. FILED 3-1934, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 1 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	
(Cough for 2 days)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Jeff Cain, M. D. Coroner

(Address) 508 E Mnt Ave

V. D. B. 1268-9

E 96946

HEALTH DEPARTMENT—CITY OF BALTIMORE

96946

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3241 ~~Brehms~~ Erdman Ave St., 8-06 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Gehrmann

(a) Residence: No. 3241 ~~Brehms Lane~~ Erdman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 10/1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cemetery (Har Sinai)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Superintendent

10. Date deceased last worked at this occupation (month and year) Dec. 31, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cologne, Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Louis Bernhard
(Address) 3241 Erdman Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Har Sinai Cem. Date Jan. 3, 19 34

19. UNDERTAKER Weil, Landsheim & Levy
(Address) 1902 Eutaw Place.

20. FILED Jan 3 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Failure	
Other contributory causes of importance:	
General Arteriosclerosis	?
History Neonritis	?

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. H. Patten Coroner, M. D.

(Address) 508 E. North Ave

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. No. E 96947 ✓ E 96947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 S. Kenwood Ave. St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Mitchell

(a) Residence: No. 528 S. Kenwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas W. Mitchell

6. DATE OF BIRTH (month, day, year) April 10-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	8	23 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Griessinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Thomas W. Mitchell (Husband)
(Address) 528 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Jan. 2, 34 19....

19. UNDERTAKER Mrs. E. Miller & Son
(Address) 2334 Gilmor St.

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1933 to Jan 2, 34

I last saw h.. alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Other contributory causes of importance:	
Hemiplegia	

Name of operation No Date of ✓

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Toohey M. D.

(Address) 441 S. Ellwood Ave

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

Penn ✓ E 96948

HEALTH DEPARTMENT—CITY OF BALTIMORE

96948

CERTIFICATE OF DEATH

117-001

5-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. ..... Ward)

Length of residence in city or town where death occurred 1/ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William David Conn

(a) Residence: No. 1209 E Lexington St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Negro	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) April 9th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	7	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✗

10. Date deceased last worked at this occupation (month and year) ✗

11. Total time (years) spent in this occupation ✗

12. BIRTHPLACE (city or town) Bath, Md
(State or country)

FATHER

13. NAME David Conn

14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

MOTHER

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mercy Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvert & Mc. Date Jan. 4th 1934

19. UNDERTAKER Bryant Mortuary & Wright
(Address) 1811 E. Baltimore St
Hampton & Edgewood Sts

20. FILED Jan 4 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-29- 1933, to 12-31 1933

I last saw h.m alive on 12-31- 1933. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Generalized Arteriosclerosis	
2) Coronary Occlusion	

Other contributory causes of importance:

Gastric Ulcer with Rupture	

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Joseph V. Sappington M. D.

(Address) Mercy Hospital

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96949

89-001

CERTIFICATE OF DEATH

96949

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gustav Wedemeyer Jr.

(a) Residence: No. X 426 E. Fort ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) July 1st 1921

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
12 yrs.	6 mos	1 day	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school-boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school

10. Date deceased last worked at this occupation (month and year) Dec 15, 1933

11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Gustav Wedemeyer

14. BIRTHPLACE (city or town) (State or country) Germany Europe

MOTHER

15. MAIDEN NAME Edna Pfelzer

16. BIRTHPLACE (city or town) (State or country) Germany Europe

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Jan. 5, 1934

19. UNDERTAKER Margaret J. Flynn
(Address) 1422 Light St.

20. FILED Jan 3 1934, 19 ..... (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-20-, 1933 to 1-2, 1934

I last saw him alive on Jan. 2, 1934 death is said to have occurred on the date stated above, at 8 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media of the Left ear	12-14-33
Other contributory causes of importance:	
(a) Mastenditis of Left mastoid cells	12-19-33
(b) Streptococcic Meningitis	12-20-33

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Michael J. Wieciech, M. D.

(Address) South Balto. General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 96950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96950

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 225 Canal St., 11-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ether

(a) Residence: No. 225 Canal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. Color or Race C C

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1848

7. AGE Years 85 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Lillie Grant 225 Canal

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Jan 3, 1939

19. UNDERTAKER

(Address)

20. FILED 19 Registrar.

JAN 3 - 1939 CITY MORGUE

0008

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Dec 29 and death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Myocarditis	1 year
Other contributory causes of importance:	

Name of operation Date

What test confirmed diagnosis? Was autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. E. Leith M. D. Coroner

(Address)

M. D. B. 1268-9

E 96951

96951

280182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Johnson

(a) Residence: No. 1730 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 12-23-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Lopez

14. BIRTHPLACE (city or town) (State or country) Cuba

MOTHER

15. MAIDEN NAME Thelma Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place J H Med Cem Date Jan 3 1934

19. UNDERTAKER .....

(Address) .....

20. FILED Jan 3 1934 0013 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1933 to Dec 27 1933.

I last saw her alive on Dec 27 1933. Death is said to have occurred on the date stated above, at 10 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Manuel Hurlet M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96952

E 96952
280194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 22-81 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Girl Tiller

(a) Residence: No. 51 E Hughes St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-24-1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Jan 3, 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

20. Filed ..... 19..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1933, to Dec 28, 1933.
I last saw her alive on Dec 28, 1933. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Mans S. Hahn M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec.—9-30—A. & Co.—250 Blks.

E 96953

96953 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1704 Charlotte Ave ST. 16-01 WARD)

2-FULL NAME Baby Willis

(a) RESIDENCE NO. 1704 Charlotte Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 30 33

7 AGE — Years: — Months: — Days: 2 — If LESS than 1 day, hrs. or min.: 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~None~~

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: David Willis

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER: Johanna Willis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant (Address):

15 1934 Huntington Williams, M.D. Registrar

JAN 3-1934

0011

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/31/33

17

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1933, to Dec 31, 1933

That I last saw him alive on Dec 31, 1933

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth (6 months formation)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) L. B. Cliff M. D.

1/2, 1934 (Address) 3532 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL: Jan 3 1934

20 UNDERTAKER: Os Commissioner Beatty

ADDRESS

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 96954

E 96954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Leach

(a) Residence: No. Patterson Park, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Trainer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Jan 3 1934

19. UNDERTAKER

(Address) Huntingtown Maryland

20. FILED 1934 Registrar.

0010

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31-33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-28-33, 19 to 12-31-33, 19

I last saw him alive on 12-31-33, 19 Death is said to have occurred on the date stated above, at 11:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William Leigh Foster, M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96955

HEALTH DEPARTMENT—CITY OF BALTIMORE

96955

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced Dead at 5-01

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Thomas

(a) Residence: No. 110 Calvin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Jan 3 1930

19. UNDERTAKER
(Address)

20. FILED Dec 30 1930 0009 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16 1929

22. I HEREBY CERTIFY, That I attended deceased from January 19 . to 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Not Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James M Fenton M. D.
Coroner

(Address) Govt Chas

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96956

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 S. Payson St. St., 20-01 Ward)

Length of residence in city or town where death occurred 7 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Dennis.

(a) Residence: No. 205 S. Payson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced (or) WIFE of Hiram C. Dennis

6. DATE OF BIRTH (month, day, year) June 2, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Co. Md

FATHER

13. NAME George Eagley.

14. BIRTHPLACE (city or town) (State or country) Maine.

MOTHER

15. MAIDEN NAME May J. Norris.

16. BIRTHPLACE (city or town) (State or country) Washington Co. Md.

17. INFORMANT Hiram C. Dennis. (husband)

(Address) 205 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Sandy Hook Md Date January 5, 1934

19. UNDERTAKER Charles J. Schwab

(Address) 505 N. Monroe St.

20. FILED JAN 8 1934 Hattie Tabbs Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Theo M. Reinhardt M. D. Coroner

1/8/34 (Address) 1017 E. Cortes St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96957

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96957

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2344 Waldo St., 7-01 Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 41 yrs. ... mos. ... ds.

2. FULL NAME Mary Bernard

(a) Residence: No. 2344 Waldo St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jack Bernard

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 63

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Zebrakowsky

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary Deese
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jany ... 193[illegible]

19. UNDERTAKER Frank Crocheron Son
(Address) 1961 Gashland Ave Huntington Park Calif

20. FILED ... 193[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 ... 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 ... 193[illegible] to Jan 1 ... 193[illegible]

I last saw h[illegible] alive on Jan 1 ... 193[illegible] Death is said to have occurred on the date stated above, at 10.30 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 days
Other contributory causes of importance:	
acute Cardiac Dilatation	1 day

Name of operation ... Date of ... 40

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3-3-1934

E 96958

E 96958

280358

Red.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4-01 St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Gracey

(a) Residence: No. 145 Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/22/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	16	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Hugh Gracey

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Helen Goldenfarney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Memorial Pk. Date Jan 4 1934

19. UNDERTAKER George Ruth Inc. Edmondson Ave
(Address) 1737 Harlem Ave Baltimore Md

20. FILED Jan 3 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1934

22. I HEREBY CERTIFY, That I attended deceased from December 29 1933 to Jan 1 1934

I last saw him alive on Jan 1 1934 Death is said to have occurred on the date stated above, at 8 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 29
Other contributory causes of importance: Cerebral Diplegia (Birth injury)	Birth

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Manus J. Hendrix M. D.

(Address) Johns Hopkins Hosp.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-9

E 96959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 96959

32-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 801 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Erman Scribner

(a) Residence: No. 2013 Llewellyn Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) June 14, 1896 (?)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
37	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Wallie Scribner

14. BIRTHPLACE (city or town) (State or country) Calvert County, Md.

MOTHER

15. MAIDEN NAME Rosie Jones

16. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Com Date Jan 4 1934

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

20. FILED ..... Registrar.

Jan 4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1933, to Dec. 31, 1933.

I last saw him alive on Dec. 31, 1933. Death is said to have occurred on the date stated above, at 3 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	Aug. 1933
(Lung first involved)	

Other contributory causes of importance:

Tuberculous Meningitis	Dec. 30, 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. W. Jameson M. D.

(Address) Balto. City Hospitals

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96960 E 96960

CERTIFICATE OF DEATH

V. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 N. Robinson St. St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith Cecelia McCord

(a) Residence: No. 319 N. Robinson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of William J. McCord

6. DATE OF BIRTH (month, day, year) March 21- 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William West

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Katherine ----?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Margaret Koch

(Address) 106 S. Janney St.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cemetery Date 1-4- 1934

19. UNDERTAKER Wendell C. Humphreys

(Address) 1501 N. Broadway

20. FILED JAN 4 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1-34 , 19

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1933 to January 1, 1934

I last saw her alive on January 1, 1934 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy — Date of onset 12/27/33

Other contributory causes of importance:

Hypertension — 12/26/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert C. Libershey M. D.

(Address) 622 N. Broadway

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96961

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 912 E. Chase St., (Ward) 10-01

Length of residence in city or town where death occurred 74 yrs. 3 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewis C. Johnson

(a) Residence: No. 912 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annetta E. Johnson nee Herbert

6. DATE OF BIRTH (month, day, year) July 28, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3 4	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Confectionary

10. Date deceased last worked at this occupation (month and year) Nov. 1933

11. Total time (years) spent in this occupation 45 Yrs

12. BIRTHPLACE (city or town) (State or country) St Mary's Co. Md

FATHER

13. NAME Joseph Johnson

14. BIRTHPLACE (city or town) (State or country) St Marys County Md.

MOTHER

15. MAIDEN NAME Mat Kingsman

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Son Leo. Johnson

(Address) 912 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Cemetery Date Jan. 4, 1934

St Marys Co. Edmund W. Coughlin

19. UNDERTAKER

(Address) 924 E Eager St.

20. FILED ... 19 ... Registrar

JAN 3 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1933, to Jan 1, 1934

I last saw h... alive on Dec 31, 1933 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Hypernatrin	3 ds
" Nephritis	

Other contributory causes of importance:

Senile Senility	Yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F. Foley M. D.

(Address) 624 N Howard St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

96962 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96962

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 35 yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Halajda

(a) Residence: No. 2628 Hudson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6. DATE OF BIRTH (month, day, year) 1/15/78

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	62	11	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..

10. Date deceased last worked at this occupation (month and year) .. | 11. Total time (years) spent in this occupation ..

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Halajda

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 4 1934

19. UNDERTAKER John M. Welby
(Address) 401 S. Chester St.

20. FILED JAN 5 1934 Huntington Frizzell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933 to Jan 1 1934

I last saw h.. alive on Jan 1 1934 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	Mos. 33
Erosion of bowel with Peritonitis	
Secondary hemorrhage	1-1-34
Other contributory causes of importance:	
General arteriosclerosis	1925
Emphysema	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph J. Bergmeyer M. D.

(Address) Johns Hopkins Hospital

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

96963

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 96963

CERTIFICATE OF DEATH

82-001

1 PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE (No. 218 Laurens St. 14-0 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eva M. Parkhurst

(Residence in Baltimore: No. 218 Laurens St. St.: 65 yrs. -- mos. -- ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6-DATE OF BIRTH: February 22, 1866 (Month) (Day) (Year)

7-AGE: 67 yrs. 10 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Living at home
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE (State or country): Baltimore County

PARENTS

10-NAME OF FATHER: James E. Parks

11-BIRTHPLACE OF FATHER (State or country): Baltimore County

12-MAIDEN NAME OF MOTHER: Pilcher

13-BIRTHPLACE OF MOTHER (State or country): Baltimore County

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alice S. Parkhurst

(Address) 1410 Park Ave

15 Filed 3-4 1934 Huntington Williams, M.D. 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: January (Month) 2 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from September, 1928, to January 1934 that I saw h[illegible] alive on January 2nd, 1934. and that death occurred on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Alice S. Parkhurst M. D.

Jan 2nd, 1934 (Address) 1410 Park Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: 1/4 1934

20-UNDERTAKER: Henry W. Meakes & Son

ADDRESS: 805 N. Calvert

M. D. B. 126 E 96964

E 96964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 1405 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cleveland Anders

(a) Residence: No. Union Bridge Carroll Co. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Carroll Co

FATHER

13. NAME Jesse Anders

14. BIRTHPLACE (city or town) (State or country) Carroll Co

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT William Anders

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Union Date 1/4 '34

19. UNDERTAKER Raymond H. Wright

(Address) Union Bridge Md

20. FILED 1-5-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1933, to January 4, 1934.

I last saw him alive on January 4, 1934. Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic hypertrophy	
Urinary Obstruction with	
Uraemia	
Other contributory causes of importance:	
Terminal broncho pneumonia	

Name of operation Suprapubic prostatectomy Date of 12-29-33

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ... M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 96965

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96965

278592

N. Surg

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1-01 St., 82-1002 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No.

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Maher

(a) Residence: No. 1101 Juniper St. St., Sparrows Point Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of Jane (name)

6. DATE OF BIRTH (month, day, year) Oct. 13, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	2	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucking

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME John Maher

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Martina Hart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Pikesville Date 1/5 19 34

19. UNDERTAKER J. C. Edmondson & Son

(Address) 2241 Reisterstown Road

20. FILED 19 Registrar.

JAN 3 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 3 1934 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 19 33 to Jan 3 19 34

I last saw him alive on Jan. 3 19 34 Death is said to have occurred on the date stated above, at 4:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	11-27-33
following Herpes Zoster for	
Trigeminal Neuralgia	

Other contributory causes of importance:

Name of operation Section & Neurectomy Date of 11-17-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Rumbel M. D.

(Address) The Johns Hopkins Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1269

E 96966

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96966

CERTIFICATE OF DEATH

√ 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rennert Hotel St. 4-06 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Joseph Gallagher.

(a) Residence: No. Rennert Hotel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) July 8, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Gallagher

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Alexius McGlannan
(Address) 115 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan. 4, 1934

19. UNDERTAKER Henry H. Mears & Son
(Address) 105 N. Eutaw St.

20. FILED JAN. - 1934 Hunting & Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1930 to Jan 2. 1934

I last saw him alive on Dec. 27 1933 Death is said to have occurred on the date stated above, at 3.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
Coronary Failure	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Signs & Sym Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. Seragus M. D.

(Address) Med. Art Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor—11-9-25—A Co—200 Blks.

E 96967 HEALTH DEPARTMENT—CITY OF BALTIMORE E 96967

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) City Hospital St. 26-01 Ward)

2-FULL NAME George C King

(a) RESIDENCE NO. 665 Pine Ave St Helena St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mabel M King

6 DATE OF BIRTH (month, day, and year): July 26, 1878

7 AGE — Years: 55 Months: 5 Days: 7 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employer): Unemployed 679

(c) Name of employer

9 BIRTHPLACE (city or town) Pa

(State or country)

PARENTS

10 NAME OF FATHER Edward King

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Rose

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pa

14 Informant Mabel M King

(Address) 665 Pine Ave St Helena

Filed ... 1934 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Coronary Thrombosis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

(Coroner)

June 3, 1934 (Address) 1305 Allison Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Date of Burial: June 6th 1934

20 UNDERTAKER: Wm Cook ADDRESS: 1217 St Paul St

very important. See instructions on back of certificate.

AUG 4 - 1934

M. D. B. 1264 E 96968 E 96968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Walker Ave St. 27-6 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Mary A Burns

(a) Residence: No. 505 Walker Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 27, 1861

7. AGE: Years 72 | Months 8 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Jeremiah Burns
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Julia Bowers
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Wm A Burns
(Address) 505 Walker Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys (Govans) Date Jan 4 1934

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Jan 2 1934

Last saw h[illegible] alive on Jan 1 1934 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterine	one yr

Other contributory causes of importance:

Gen Carcinomata	6 mo

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H O Evans, M. D.

(Address) 5600 York Rd,

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

JAN 4 1934

Spec.—9-30—A. & Co.—250 Blks.

E 96969 Bennick E 96969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables St.) 13-01 (WARD)

2-FULL NAME Mrs Mary G. Bennick

(a) RESIDENCE No. Home for Incurables ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Samuel F. Bennick

6 DATE OF BIRTH (month, day, and year) Nov. 11 - 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N.O. -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia

PARENTS

10 NAME OF FATHER James Griffis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia Pa.

12 MAIDEN NAME OF MOTHER Annie Berg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia Pa

14 Informant John H. L. Bennick (Address) 1st Nat Bk Bldg

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3. 1934

17

I HEREBY CERTIFY, That I attended deceased from July, 1931, to Jan 3, 1934

that I last saw her alive on Jan 2, 1934

and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and hypertension, and old Hemiplegia

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) 5+ yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N. Hanford Hopkins M. D.

, 19 (Address) 214 Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cremation London Park

DATE OF BURIAL 1/4 1934

20 UNDERTAKER W. M. Cook

ADDRESS 1217 E. Fayette St

M. D. B. 1268-9

E 96970

E 96970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 E. Madison St. 10-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest Thompson

(a) Residence: No. 1219 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1917 Jan 17th

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ernest Thompson

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Pearl Ruff

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frank Thompson
(Address) 1219 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1-6th 1934

19. UNDERTAKER Byron & Maurice Wright
(Address) 2138 N. Eutaw St

20. FILED ... 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1933 to 1-3 1934

I last saw him alive on 1-3 1934 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	12-15-33

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) W. J. Allen M. D.

(Address) 850 Carrollton Ave

Information should be carefully supplied. All items must be properly filled. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MAR 4 1934

M. D. B. 1[illegible]9

E 96971

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96971

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 E Balto St., 1-01 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? 2 yrs. mos. ds.

2. FULL NAME Lena Rogan.

(a) Residence: No. 2121 E Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Rogan

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ike Traub

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Evans
(Address) 115 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date 1/4/27 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Balto St

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 19 27

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 [illegible], to [illegible], 19 [illegible]

I last saw h[illegible] alive on [illegible], 19 [illegible]. Death is said to have occurred on the date stated above, at 7:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury [illegible], 19 [illegible]

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1[illegible]

E 96972

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96972

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Parkwood Ave St. 13-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 34 yrs. ... mos. ... ds.

2. FULL NAME Freida Goldschneider

(a) Residence: No. 2814 Parkwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of David

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Samuel Kaiser

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Jacob K. Goldschneider 2801 Woodbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Rit Carmel Date 1/3/34 19

19. UNDERTAKER (Address) Jack Lewis & Co 1439 E. Baltimore St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Myocardital Failure — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? (If so, specify) ...

(Signed) ... M. D.
Coroner

(Address) 912 Rolandene

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 96973 E 96973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Silverman

(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob.

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Feinblatt

(Address) Levindale

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt Carmel Rd. Date Jan 4 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 112-14 E. Balto st

20. FILED JAN 4 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-19 1933 to 1-3 1934

I last saw her alive on 1-2 1934 Death is said to have occurred on the date stated above, at 4 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver.	
Chr. myo Cardities	
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin M. D.

(Address) Levindale

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-A

E 96974

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96974

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Winston Ave. 27-01 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allen Jackson

(a) Residence: No. 817 Winston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie M. Jackson

6. DATE OF BIRTH (month, day, year) Apr. 7, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Jackson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Anna Franks

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Robert F. Jackson

(Address) 817 Winston

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 4, 1934

19. UNDERTAKER Wm. P. Tretheway Son

(Address) North & Pulaski

20. FILED JAN 3 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1932 to Jan 2 1934

I last saw h.im alive on Jan 2 1934. Death is said to have occurred on the date stated above, at 3.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Chronic	1930
Chronic Bright's Disease	1931
Cerebral Hemorrhage	1931
Other contributory causes of importance: Cerebral Hemorrhage	1934

Name of operation ~ Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Bishop M. D.

Jan 3/34 (Address) 501 Sheridan Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12

E 96975

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96975

CERTIFICATE OF DEATH

XY13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edmund Mason

(a) Residence: No. James Station St., Md Balto C. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Margaret Mason

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel mill

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Carl Mason.

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Barbara Rau

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Carl Mason Sr (Address) 913 Nelson St

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date Jan 2 1934

19. UNDERTAKER Wm Cook (Address) 1211 E Lanvale St.

20. FILED JAN 1 1934 (Date) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 3:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wounds of Head and Spinal Cord.	
Homicide	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Hom Date of Injury 12/30 1933

Where did injury occur? Gunston Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Gunshot Wound of Head & Body

Nature of injury Gunshot Wound of Head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. P. Norgaard M. D. Coroner

(Address) 1005 Fulton Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96976

CERTIFICATE OF DEATH

E 96976

Registered No. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N. Fort Ave. St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S. If of foreign birth? 45 yrs. — mos. — ds.

2. FULL NAME Elizabeth Koontz.

(a) Residence: No. 116 N. Fort Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of William B. Koontz.

6. DATE OF BIRTH (month, day, year) December 8, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Ernest Eberhardt.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Bertha Christine.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frank Koontz. (son)
(Address) 116 N. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 4 1934

19. UNDERTAKER Kendall & Lippert
(Address) 300 N. Eutaw St.

20. FILED JAN 4 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	
Other contributory causes of importance:	

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) Otto M. Steinhardt Coroner . M. D.

1/2/34 (Address) 1017 E. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126

E 96977

E 96977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Beverly Rd. St. 27-el Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Lee Parr

(a) Residence: No. 3107 Beverly Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. Parr

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME E. D. Wilkinson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Fleming

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Geo. W. Wilkinson

(Address) 3107 Beverly Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Jan 4, 1934

19. UNDERTAKER Philip Uhlrig Sons

(Address) 2016 Eutaw St

20. FILED JAN 4 - 1934 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1933 to Jan 2 1934

I last saw h alive on Jan 2 1934 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 1/34

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. Frank J. Geesey M. D.

(Address) 1400 Eastern Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

E 96978

E 96978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Fickling

(a) Residence: No. 822 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Fickling

6. DATE OF BIRTH (month, day, year) Dec. 22-1?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57?		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Berry Williams

14. BIRTHPLACE (city or town) (State or country) Jackson S. C.

MOTHER

15. MAIDEN NAME Nellie Davis

16. BIRTHPLACE (city or town) (State or country) Jackson S. C.

17. INFORMANT Records

(Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 6, 1934

19. UNDERTAKER Mrs Rosa R. Williams

(Address) 322 N. Schroeder St.

20. FILED Jan 8 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from December 21. 1933 to January 2. 1934

I last saw her alive on January 2. 1934. Death is said to have occurred on the date stated above, at 12.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Myocardial Insufficiency	?
Acute Pulmonary Oedema	Terminal

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Hazell M. D.

(Address) Balt. City Hospitals

V. S. 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 96979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96979

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp St., 18-01 Ward)

Length of residence in city or town where died occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thos. Robt Payne

(a) Residence: No. 223 Rock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Payne

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Martha Payne (Address) 223 Rock St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem Date Jan 5, 1934

19. UNDERTAKER Mrs Katie R Williams (Address) 322 E Saratoga St Huntington West Virginia

20. FILED JAN 4 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .... I last saw h.... alive on ..... 19 .... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
for Uremia	

Other contributory causes of importanre:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Kurtz, M. D. Coroner

(Address) Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. [illegible] E 96980 ✓ E 96980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004
Registered No. 16-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hospitals St., (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Britton

(a) Residence: No. 12 N Amity St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Britton

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore ? Md

FATHER

13. NAME Jacob Pleasant

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Katharine Bucher

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records (Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Cem Date Jan 6, 1934

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Gilmore St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1931 to Dec. 31 1933

I last saw alive on Dec 31 1933 Death is said to have occurred on the date stated above, at 9.50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	?
Myocardial Insufficiency	?

Other contributory causes of importance:

Senility	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Magruder M. D.

(Address) Balt. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

JAN 6 1934

Spec.—8-16-29—L. F. S.—M. H. E 96981

E 96981

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2340 Penna. Ave ST. 15-01 WARD)

2—FULL NAME James Sheridan

(a) RESIDENCE NO. 2340 Penna. Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

3a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Sheridan

6 DATE OF BIRTH (month, day, and year) 1867.

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
66				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter.

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Sheridan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Sarah Hanson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Sheridan

(Address) 2340 Penna ave

15 Filed JAN 4 1934 19 _____ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1, 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Jan 1, 1934, that I last saw h[im] alive on Dec 30, 1933 and that death occurred, on the date stated above, at 6-4 m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) H. S. McCard, M. D.

1/3, 1934 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	1/5 1934.
20 UNDERTAKER Samuel T Hensley	ADDRESS 578 N Biddle St

IMPORTANT—Answer all questions in ink or typewriter, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. E-96982 ✓ E 96982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84-01 87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert M. Rich

(a) Residence: No. Marlborough Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tillye K. Rich

6. DATE OF BIRTH (month, day, year) Sept 4th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Meyer Rich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunrade Isenstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. S. Katz

(Address) 107 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Hebrew Cy Date Jany 4 1934

19. UNDERTAKER Abid Hendlein & Son

(Address) 1902 Eutaw Place

20. FILED — 19— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25 1933 to Jan 3 1934

I last saw him alive on Jan 2 1934. Death is said to have occurred on the date stated above, at 1200a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry B. Makover M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 96983

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96983

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2333 Aiken St. 9-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward W. Hutchinson

(a) Residence: No. 2333 Aiken St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie W. Hutchinson

6. DATE OF BIRTH (month, day, year) Oct. 1 1854

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
79	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation Retired

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Wm. E. Hutchinson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Carlie Hutchinson
(Address) 2333 Aiken St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood. Date Jan. 4. 1934

19. UNDERTAKER Wm. H. Valentine
(Address) 2326 Aiken St.

20. FILED JAN 4 1934 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1933 to Jan. 2 1934

I last saw him alive on Jan. 1 1934 Death is said to have occurred on the date stated above, at 4 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Elmer G. Dingwall M. D.

(Address) 1613 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 96984

Spec. 6-9-19—H. P. C.—1000 Blks.

E 96984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2332 Pennsylvania Ave (St.) 15-01 (Ward)

2-FULL NAME Peter Danna

(a) RESIDENCE. (No.) 2332 Pennsylvania Ave St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 16 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (Nr Peerless)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank Danna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Jenette Schnabel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Frank Danna
(Address) 2332 Pennsylvania Ave

15 Filed JAN 4 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 2, 1934, that I last saw h[illegible] alive on Jan 2, 1934, and that death occurred, on the date stated above, at 5.20 p. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos L Valerio, M. D.

, 19 (Address) 1 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Jan 5, 1934
20 UNDERTAKER Richard F. Conley	ADDRESS 700 E. Monument

N. B.—THESE ANSWERS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96985

CERTIFICATE OF DEATH

E 96985

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 S. Ann St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Mary Viola or De Viola

(a) Residence: No. 20 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) Jan 28 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57 56	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Lurine

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mary De Viola
(Address) 20 S Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 7, 193[illegible]

19. UNDERTAKER Martin W. E. Keppel Inc
(Address) 37 S. Ann St.

FILED JAN 4 1934, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1933, to Dec 27 1933

I last saw h[illegible] alive on Dec 27 1933. Death is said to have occurred on the date stated above, at 10 1/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
acute dilatation of Heart	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. J. Tankersley, M. D.

(Address) 119 N. Miller

N. B.—WHITE CLEARLY, WITH INK. ALL QUESTIONS should be carefully answered and information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96986

CERTIFICATE OF DEATH

E 96986

× 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 25-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah E. Rhodes

(a) Residence: No. Frederick Rd (Usual place of abode) Ellicott City St., Md Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clinton Rhodes

6. DATE OF BIRTH (month, day, year): Aug 21, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Wm Pierpont

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Sarah Stevens

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Esther Rhodes

(Address) R.F.D. Ellicott City

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Jan 6, 1934

19. UNDERTAKER: Easton Lott

(Address) Ellicott City

20. FILED Jan 4 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ongoing, 19 ... to ... 19 ...

I last saw h alive on ongoing, 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Shock.	
Other contributory causes of importance:	
Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/3, 1934

Where did injury occur? Frederick Rd about a mile West of Ellicott City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Street Accident

Manner of injury: Struck by auto while walking

Nature of injury: Broken bones.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

Information should be carefully supplied. Age should be stated in years and months. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 4 1934

M. D. 12

E 96987

E 96987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 6-A Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Solomon Frame

(a) Residence: No. 2008 E Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Frame

6. DATE OF BIRTH (month, day, year) ? 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Frame

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date 1/4/34 19

19. UNDERTAKER Jos. Lowe Sons

(Address) 1439 E. Baltimore St.

20. FILED JAN 10 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1933 to Jan 4 1934

I last saw him alive on Jan 4 1934 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?
Cerebral hemorrhage, right	4 days
& hemiplegia, left	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I B Chapin M. D.

(Address) Balt City Hosp.

N. B.—WRITE LEGIBLY, WITH PEN AND INK. ALL the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. B. 1268-9

E 96988 ✓ E 96988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gyne Hospt St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Goldner

(a) Residence: No. 1803 E Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-3-34

7. AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. B. G. Hospt.

FATHER

13. NAME Irvin Goldner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca Silbat

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Nat Cemy Date 1/4/34

19. UNDERTAKER Jos Levy Sons
(Address) 1143 E Balto St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-34

22. I HEREBY CERTIFY, That I attended deceased from 1/3/34, 19... to 1/3/34, 19...
I last saw him alive on 1/3/34 Death is said to have occurred on the date stated above at 10.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John H Lazenby M. D.

(Address) W B G Hospt

N. B.—WRITE PLAINLY, WITH INKING INK—THIS IS A LEGAL RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 4 1934

M. D. B. 1208-9

E 96989

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96989

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #507 N Fremont Ave St., 19-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Capitola Speights

(a) Residence: No. 507 N Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late James L. Speights

6. DATE OF BIRTH (month, day, year) May 21, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ellen Garnett

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Miss Clelia Speights

(Address) 507 N Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/5, 1934

19. UNDERTAKER John J. Cowan & Son

(Address) 601 Hollins Street

20. FILED Huntington Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h[illegible] alive on ..... 19..... Death is said to have occurred on the date stated above, at 11.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. C. Smith M. D.
Coroner

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 2 - 1934

E 96990

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96990

46

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5606 Benton Heights ST. 27-21 WARD)

2—FULL NAME Mamie Emma Spencer.

(a) RESIDENCE NO. 5606 Benton Hgts. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas N. Spencer

6 DATE OF BIRTH (month, day, and year) Nov. 5. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Eliz. Hudson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Geo. F. Spencer.

(Address) 5606 Benton Hgts

15 Filed JAN 4 - 1934 Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2- 34

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1933, to Jan 2, 1934, that I last saw h alive on Jan 1, 1934 and that death occurred, on the date stated above, at 6:30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(duration) yrs. 8 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) Thos. F. Shorris, M. D.

1/7/34 (Address) 2878 Hurford.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Jan 4 1934

20 UNDERTAKER Robt C. & B. M. Walters

ADDRESS 2920 Elmora Ave

METHOD should be entirely legible. Any abbreviations, ditto marks, or illegible figures will result in the return of the certificate. Cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 2668

E 96991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96991

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 N. Broadway. St., 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ANNIE G. FRANZ

(a) Residence: No. 1229 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Franz.

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas McNulty

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Bainer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Family.
(Address) 1229 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Jan. 5th, 1934

19. UNDERTAKER Chas F. Franz & Son
(Address) 118 W. Mt. Royal Ave,

20. FILED JAN 4 - 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2nd, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Jan 2, 1934

I last saw h[illegible] alive on Jan 1, 1934 death is said to have occurred on the date stated above, at 7 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis	1-1-34
Other contributory causes of importance:	
Bronchial Pneumonia	12-15-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ~~no~~ If so, specify .....

(Signed Andrew L. Rawlins, M. D.

(Address) 1038 N. Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 96992

HEALTH DEPARTMENT—CITY OF BALTIMORE

96992

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 742 N. Fulton Ave. St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edmund Howard Stocksdale

(a) Residence: No. 742 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 12, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poehlman Bros.

10. Date deceased last worked at this occupation (month and year) Nov. 1931

11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

FATHER

13. NAME Cornelius Stocksdale

14. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

MOTHER

15. MAIDEN NAME Hilianna Choate Sto

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mr. Edward Clyde Cromwell
(Address) 3712 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Jan. 4 19 33

19. UNDERTAKER Jos B. Cook
(Address) 1003 W. Baltimore St.

20. FILED JAN 4 1934 19 The Baltimore Bureau of Vital Statistics
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933, to Jan. 2, 1934
I last saw him alive on Jan 2, 1934 Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insuff	1932
Arterio sclerosis Hypertension	1928

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lemuel C. Todd M. D.
(Address) 735 N. Fulton Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126c E 96993

E 96993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 27-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7218 Park Heights Ave (Ward) 1

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME John C. Chandron

(a) Residence: No. 7218 Park Heights ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret C. Chandron

6. DATE OF BIRTH (month, day, year) April 18 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fur Hats 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME August Chandron

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Lena Iryer

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Margaret C. Chandron

(Address) 7218 Park Heights ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan. 5 1934

19. UNDERTAKER J. Frank Euler

(Address) 1100 Eutaw Place

20. FILED Jan 5 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1933 to Jan 2 1934

I last saw h[illegible] alive on Jan 2 1933 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Anasarco.	
Myocarditis	Dec 33
Arterio Sclerosis	

Other contributory causes of importance:

Cardiac Dilatation	D

Name of operation None Date of

What test confirmed diagnosis? Typical sign Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Frank Jones M. D.

(Address) 2802 Roslyn Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 5 1934

M. D. B. 1268-A

E 96994

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96994

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., 15-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phyllis Dunning

(a) Residence: No. 1609 W. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ONLY ONE letter or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6th 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson Md. Maryland

FATHER

13. NAME Norman Dunning

14. BIRTHPLACE (city or town) (State or country) Govans Baltimore City

MOTHER

15. MAIDEN NAME Alma Hall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Weisel

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 5 1934

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

20. FILED Jan 4 1934 Huntington Williams Registrar

JAN 4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29 1933 to Jan. 3 1934

I last saw her alive on Jan. 3 1934 Death is said to have occurred on the date stated above, at 11 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonitis	12-28-33

Other contributory causes of importance:

Septicemia

Name of operation Appendectomy Date of 12-30-33

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Asher C. Dunbar M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

E 96995

96995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37+ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Toney

(a) Residence: No. 668 Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leonard Toney

6. DATE OF BIRTH (month, day, year) Oct 14 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Market
(State or country) Va

FATHER

13. NAME George Cook

14. BIRTHPLACE (city or town) New Market
(State or country) Va

MOTHER

15. MAIDEN NAME Ida Bell Smith

16. BIRTHPLACE (city or town) New Market
(State or country) Va

17. INFORMANT Records
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Jan 4 1934

19. UNDERTAKER .....
(Address) .....

Filed JAN 4 1934 Huntington Williams, M.D.
Registrar.

0014

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1933 to Jan 1 1934

I last saw h[illegible] alive on Jan 1 1934 Death is said to have occurred on the date stated above, at 2.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, tuberculous ?	?

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) J. D. Magill M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

96996

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96996

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals ✓75

CITY OF BALTIMORE: (No. Balto. Md St. 15-el Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Freddie King

(a) Residence: No. 1646 Waltermeyer Court Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-24-88

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James King

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Laura Briscoe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) Balto. City Hosps.

18. BURIAL, CREMATION, OR REMOVAL Jan 9-1934

Place Interred Md Date Jan 4 1934

19. UNDERTAKER

(Address)

20. FILED JAN 4 1934 Assistant Registrar.

0015

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-15-1933 to 1-2-1934

I last saw h alive on 1-2-1934 Death is said to have occurred on the date stated above, at 12.10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Unk.

Other contributory causes of importance:

Arteriosclerosis	Unk.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harry J. Clement M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Lee Grande

E 96997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96997

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital Balto. Md. St., 2-04 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Grande

(a) Residence: No. 214 S. Exeter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) August 15, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
one	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Vincent Grande

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Camilla Amorisa

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mother.

(Address) 214 S. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/5/ 34

19. UNDERTAKER D. Neumann & Son

(Address) 3705 Boston Way

Huntington Williams Station

20. [illegible] Registrar

JAN 4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934 to Jan 2, 1934

I last saw her alive on Jan 2, 1934 Death is said to have occurred on the date stated above, at 6 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho-pneumonia	6 days

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Kantzine M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

Spec.—2-29-28—L. F. S.—500 Bks.

E 96998

Transcript

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96998

CERTIFICATE OF DEATH

V 92-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1611 Carswell ST. 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida B. Swick

(a) RESIDENCE NO. 1611 Carswell ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Swick

6 DATE OF BIRTH (month, day, and year) Sept. 3, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Robert Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thos. C Rainey

(Address) 161 Carswell St

15 Filed JAN 4-1934 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 3-1934

17 I HEREBY CERTIFY, That I attended deceased from July 4 19 33 to January 3 19 34

that I last saw h e alive on January 2 19 34

and that death occurred, on the date stated above, at 6 40 P. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis Hypertentive
Mitial Regurgitation

(duration) yrs. 5 mos. 30 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 5 mos. 30 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symp-

(Signed) Thos. F. Stevens, M. D.

1-3 19 34 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL 1/5 19 34

20 UNDERTAKER Williams Cook — ADDRESS 1217 S Paca

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificates.

M. D. B 1268-9

E 96999

96999 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Kruse

(a) Residence: No. 4101 Hayward Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kruse

6. DATE OF BIRTH (month, day, year) Feb 4, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick Kruse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dora Ross

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Ebenezer Winfield Md Date 1/6 1934

19. UNDERTAKER Lucian Cook

(Address) 127 Sixth Ave Huntington West Virginia

20. Filed JAN 4 1934 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934 to Jan 4 1934

I last saw him alive on Jan 4 1934 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia — Bilateral	9 days
Other contributory causes of importance: Arteriosclerotic Cardiovascular Disease	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 4 1934

M. D. B. 1268-9

E 97000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97000

CERTIFICATE OF DEATH

V 82-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6006 York Rd St., 27-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel Clarke

(a) Residence: No. 6006 York Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 27, 1862

7. AGE: Years 71 | Months 8 | Days 35 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Linden Va

FATHER

13. NAME: William Bennett

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Anna Corcoran

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Frank G. Clarke

(Address) 6006 York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 1/5 19 34

19. UNDERTAKER: Wellman Cook

(Address) 217 E. Saratoga St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 19 33 to Jan 3 19 34

I last saw h[illegible] alive on Jan 02 19 34 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Sclerosis	many years
Other contributory causes of importance: Hemorrhagia (R)	1933 2 50

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. C. Harris M. D.

(Address) 5600 York Rd Baltimore Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 8

JAN 1934

M. D. B. 1268-9

E 97001

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97001

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. 10-01

CITY OF BALTIMORE: (No. 1015 Warden St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Moylan

(a) Residence: No. 1015 Warden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Maurice Moylan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Maurice Moylan
(Address) 841 Forest St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 6. 19 34

19. UNDERTAKER Rita Winkfield
(Address) 914 Greenmount Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3 34

22. I HEREBY CERTIFY, That I attended deceased from 1/2 1934 to 1/3 34

I last saw h... alive on 1/3 1934 Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/2/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Dr Bernard Gotts M. D.

(Address) 1216 E Calvert St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH ... erly classified. Exact statement of OCCUPATION is very importa... ...ctions on back of certificate.

N4 - 1934

M. D. B. 1268-9

E 97002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2627 E. Chase Street St., 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ...

2. FULL NAME Frederick Thomas Wifflin

(a) Residence: No. 2627 E. Chase Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 5, 1933

7. AGE Years	Months	Days	If LESS than 1 day of age, give hours or minutes
	3	2928	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Eugene B. Wifflin

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary V. Martin Wifflin

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Eugene B. Wifflin
(Address) 2627 E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Jan 5 19 34

19. UNDERTAKER George J. Ruthsatz
(Address) 811 Park Ave.

20. FILED Jan 4 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 19 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Jan 3 1934

I last saw him alive on Jan 3 1934. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gastro Enteritis

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Edwards M. D.

(Address) 2200 E. Monument

M. D. B. 1268-9

E 97003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97003

CERTIFICATE OF DEATH

XV45

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) U.S. Marine Hospital, Baltimore, Md. St., 12 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Griffin

(a) Residence: No. South Portland, Maine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carole May Webster

6. DATE OF BIRTH (month, day, year) June 10, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Second Cook 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 11-4-30

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Portland
(State or country) Maine

FATHER

13. NAME Moses Griffin

14. BIRTHPLACE (city or town) Long Island
(State or country) Maine

MOTHER

15. MAIDEN NAME Nancy Cushing

16. BIRTHPLACE (city or town) Long Island
(State or country) Maine

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Cemetery Date 1-5-34

19. UNDERTAKER Kendall & Rumbaugh
(Address) 1021 W. Baltimore St.

20. FILED JAN 4 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1933 to January 3, 1934

I last saw him alive on January 3, 1934 Death is said to have occurred on the date stated above, at 6:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma, roof of mouth, pharynx and Maxillary glands	7 mos.
Arteriosclerosis, general	several years

Other contributory causes of importance:

Name of operation Lymphadenectomy operation & autopsy Date of 9-6-33

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. M. Parmenter M. D.
(Address) U.S. Marine Hospital Baltimore, Maryland

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126

E 97004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97004

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Light St. St. 24-01 Ward)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Groshans.

(a) Residence: No. 3100 Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of Nellie Groshans.

6. DATE OF BIRTH (month, day, year) March 18, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Groshans.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Annie E. Homberg.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT George F. C. Groshans. (brother)
(Address) Parkville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 5th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 E. Fayette St.

20. FILED JAN - 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 2.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

1/8/34 (Address) 1017 E. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

E 97005

E 97005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 72-001

1. PLACE OF DEATH: Enroute in Taxi to Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 16-01 St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Alberta G. Kessler

(a) Residence: No. 1629 W. Lanvale St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. A. Kessler

6. DATE OF BIRTH (month, day, year): Oct 16/1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	17	6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Middletwon, Md.

FATHER

13. NAME: Kenterson T. Castle

14. BIRTHPLACE (city or town) (State or country): Middletown, Md.

MOTHER

15. MAIDEN NAME: Elizabeth Slifer

16. BIRTHPLACE (city or town) (State or country): Middletown, Md.

17. INFORMANT: Chas. L. Kessler

(Address): 1629 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Frederick Md Date: Jan 5 1934

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jany 2/34 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Odema	
Obesity	
History of Leukemia	
" of Heart Block	1927

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Cotton, M. D. Coroner

(Address) 508 E Monk St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

use

Cor.—12-9-25 E 97006 M E 97006

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Pronounced Dead at Hospital

City of BALTIMORE: (No. Franklin Square St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Mentzer

(a) RESIDENCE NO. 922 N. Payson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~or WIFE of~~: Estella Mentzer

6 DATE OF BIRTH (month, day, and year): About 1855

7 AGE: Years: About 79 | Months | Days | IF LESS than 1 day .... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Building

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Mt Airy

(State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Samuel W. Mitchell

(Address): 922 N. Payson St

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 4 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Base of Skull

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Automobile Accident

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph Pokorny M. D.

(Coroner)

, 19 (Address) 2100 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: 1/6/1934

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Struck by auto while crossing street at 2:30 P.M. 1/4/34 Joe

very important. See instructions on back of certificate.

M. H. R. 1240

E 97007

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97007

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General St., Central Ward) 24-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ---mos.---da. How long in U. S. If of foreign birth 30 yrs.---mos.---da.

2. FULL NAME Leo Lorenz.

(a) Residence: No. 1301 Richardson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) December 3, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1886

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria.

FATHER

13. NAME Daniel Lorenz.

14. BIRTHPLACE (city or town) (State or country) Austria.

MOTHER

15. MAIDEN NAME Anna ----------

16. BIRTHPLACE (city or town) (State or country) Austria.

17. INFORMANT Albert Lorenz. (brother)

(Address) 1301 Richardson St.

18. BURIAL, CREMATION, OR REMOVAL

Place U. S. National Date Jan 5, 1934

19. UNDERTAKER Chas. L. Stelmos.

(Address) 1501 E. Pont. Ave.

JAN 5 1934

Registered 1/2/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ---, 19--- to ---, 19---

I last saw h--- alive on ---, 19--- Death is said to have occurred on the date stated above, at 10.45 m P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia	
Other contributory causes of importance:	

Name of operation None Date of ---

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ---, 19---

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theo. Reinhardt, Coroner, M. D.

1/2/34 (Address) 1017 E. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 92008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97008

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4645 Park Heights Ave St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Shapiro

(a) Residence: No. 4645 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner of Auto Supply Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Solomon

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosa

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Shapiro
(Address) 4645 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Mt. Lebanon Cemetery Date 1/5/34 19

19. UNDERTAKER Lyak Levin Inc.
(Address) 1434 E. Baltimore St.

20. FILED JAN 5 1934 Thurlow Hospital Co. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 , 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	
Cardiac Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Morrison M. D.
Coroner

(Address) 2612 E. Eager St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9 E 97009 E 97009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Hanover St. St. 77-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. --- mos. --- ds. How long in U. S. If of foreign birth 48 yrs. --- mos. --- ds.

2. FULL NAME Jennie Berman.

(a) Residence: No. 816 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of Morris Berman.

6. DATE OF BIRTH (month, day, year) Do not know

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan Abromowitz.

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Morris Berman. (husband)
(Address) 816 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Potomac Washington Blvd Date 1/5 1934

19. UNDERTAKER Sol. Levinson & Bro
(Address) 1127 E. Baltimore St.

20. DATE RECEIVED Washington Boulevard, N.T. Registrar.

JAN 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 to 19

I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental illuminating gas asphyxia.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/4/34 19

Where did injury occur? 816 Hanover St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Illuminating gas asphyxia

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt Coroner, M. D.

1/4/34 (Address) 1013 E. Charles St.

M. D. B. 288-A E 97010

E 97010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Celia Berman

(a) Residence: No. 3565 Park Heights Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1902

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hand Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Berman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Gertrude

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Berman

(Address) 4041 Pentertown Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rodef Sh Date Jan 5 1934

19. UNDERTAKER S Levinson Bro

(Address) 1127 E Baltimore St

20. FILED Jan 5 1934 at Huntington Woodcrest Md Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1933 to Jan 4, 1934

I last saw h.. alive on Jan. 4 1934. Death is said to have occurred on the date stated above, at 11 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	

Other contributory causes of importance:

Rheumatic Heart Dis.
Chronic Myocarditis
Cardiac Insufficiency

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H A Wiener M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

JAN 5 1934

M. D. B. 126

E 97011

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97011

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Sandler

(a) Residence: No. 34-54 Auchentroly Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude

6. DATE OF BIRTH (month, day, year) April 4 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jacob Sandler

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Annie Hoffman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Gertrude Sandler

(Address) 34-54 Auchentroly Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Southern Ave Date 1/5 19 34

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 — 4 , 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-21 , 1933 to 1-4 , 1934

I last saw him alive on 1-4 , 1934. Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1 yr
Pulmonary embolism	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henry B Thaposer M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-1

E 97012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97012

V 36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs.. 4 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..da.

2. FULL NAME John Quer

(a) Residence: No. 17 E Sulliveau St., Ward. New York city.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
11		7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward B Quer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Driscoll

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT H F Quer
(Address) Woodbrook Md

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Cem Date Jan 6, 1934

19. UNDERTAKER J H Jenkins & Co
(Address) Oakland & Gold Sts

20. FILED JAN 6 - 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-30-1933 to 1-4-1934

I last saw him alive on 1-4-1934 Death is said to have occurred on the date stated above, at 10.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, staphylococcus aureus	12-29-33
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Richard Francis ..... M. D.
(Address) Union Memorial Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1[illegible] E 97013

E 97013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hosp for Women of Md St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Emma Parsons Maynard

(a) Residence: No. 1514 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dawson S Maynard

6. DATE OF BIRTH (month, day, year) Nov 23, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys County Md

FATHER

13. NAME James Thomas Parsons

14. BIRTHPLACE (city or town) (State or country) St Marys County Md

MOTHER

15. MAIDEN NAME Maria Reeder

16. BIRTHPLACE (city or town) (State or country) St Marys County Md

17. INFORMANT Miss Ethel R. Parsons

(Address) 1513 Bolton

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Cem. Towson Md Date Jan 6th 1934

19. UNDERTAKER Henry W. Jenkins & Son. Co

(Address) Richard & Abe Fullbrook

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1934 to Jan 4, 1934

I last saw h[illegible] alive on Jan 1, 1934 Death is said to have occurred on the date stated above, at 7 4/6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency (congestive)	Dec 1933

Other contributory causes of importance:

Mitral stenosis & insufficiency	? 1890
Chronic myocarditis	?

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Glenn Wilson Snider M. D.

(Address) Hospital for Women of Maryland
Baltimore, Maryland

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 6 1934 [illegible]

E 97014 HEALTH DEPARTMENT--CITY OF BALTIMORE E 97014

CERTIFICATE OF DEATH

108 REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 727 Dolphin ST. 17-01 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Retured Woman

(Residence in Baltimore: No. 727 Dolphin St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Mar. (Month) (Day) 1866 (Year)

7 AGE: 67 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (State or country): " "

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (State or country): " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mazie B. Newman

(Address) 727 Dolphin St.

15 Filed . 191 Huntington Williams, Reg. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. (Month) 2 (Day) , 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1933 to Jan. 2 1934

that I saw her alive on Jan 2, 1934

and that death occurred, on the date stated above, at 3:40 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 25 ds

Contributory (SECONDARY) Pneumonia

(Duration) yrs. mos. 2 ds.

(Signed) Charles H. Fowler M. D.

Jan. 4, 1934 (Address) 712 S. Bond St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Jan. 5, 1934

20 UNDERTAKER: Jesse W. Bodder

ADDRESS 436 W. Biddle St

IMPORTANCE OF DEATH in public health work, so that it may be properly classified. EACH ITEM is very important. See instructions on back of certificate.

M. D. B. 12

E 97015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97015

X 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Minnie Smith

(a) Residence: No. Florence Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Smith

6. DATE OF BIRTH (month, day, year) April 18, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shrewsbury Pennsylvania

FATHER

13. NAME Robert [illegible]

14. BIRTHPLACE (city or town) (State or country) Shrewsbury Pennsylvania

MOTHER

15. MAIDEN NAME Matilda Kimbel

16. BIRTHPLACE (city or town) (State or country) Shrewsbury Pennsylvania

17. INFORMANT John J. Smith

(Address) Florence, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Springhook Date Jan. 6, 1934

19. UNDERTAKER Wm. C. Bowers & Son

(Address) Sparks, Md

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933, to Jan 5, 1934

I last saw her alive on Jan 5, 1934 Death is said to have occurred on the date stated above, at 3.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gallbladder following Empyema of G B	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. Baehr M. D.

(Address) University Hosp

V S 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-2

E 97016 ✓ E 97016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Franklin Square Hosp

CITY OF BALTIMORE: (No. ..... St., 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Belt.

(a) Residence: No. Reisterstown Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Jan. 3, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Sq. Hosp. Baltimore, Md.

FATHER

13. NAME C. H. Belt

14. BIRTHPLACE (city or town) (State or country) Reisterstown Maryland

MOTHER

15. MAIDEN NAME Betty Jackson

16. BIRTHPLACE (city or town) (State or country) Cockeysville. Md

17. INFORMANT Mr. C. H. Belt

(Address) Reisterstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Carroll Chapel, Balto Co. Date Jan. 5 1934

19. UNDERTAKER Wm. C. Brooks & Son

(Address) Govans, Md.

20. FILED JAN 5 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1934 to 1-3 1934

I last saw him alive on 1-3-34 12 mid night 1934 Death is said to have occurred on the date stated above, at 12 m. N.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Rubin, M. D.

(Address) Franklin Sq. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. [illegible]

E 97017

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97017

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Charles Tilley Jr

(a) Residence: No. 1142 Stockton St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amanda Tilley

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

FATHER

13. NAME Charles Tilley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME [illegible] Lukenson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Amanda Tilley

(Address) 1142 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Jan 5 1924

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Pennsylvania Ave

20. FILED JAN 5 - 1924 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1924

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19[illegible] to [illegible] 19[illegible]

I last saw h[illegible] alive on [illegible] 19[illegible] Death is said to have occurred on the date stated above, at 8.20 a m

The principal cause of death and related causes of importance were as follows:

Shock from Scalding Burns — Date of onset

Accidental Explosion of Oil Stove

Other contributory causes of importance: Hemiplegia

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 1/2 19 24

Where did injury occur? 1142 Stockton St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Explosion of Oil Stove

Nature of injury Burns Face & Abdomen

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-A

E 97018

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97018

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2016 Brunt St., 14-01 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in rity or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hester Boyd

(a) Residence: No. 2016 Brunt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Saml Boyd.

6. DATE OF BIRTH (month, day, year) 1896

7. AGE: Years 34 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Saml Boyd
(Address) 2016 Brunt

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date Jan 6, 1934

19. UNDERTAKER Thomas E. Kelson
(Address) 1333 Presstman St.

20. FILED Jan 6, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ., 19 . to ., 19 .

I last saw h alive on Jan 3, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Data of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. Stuart Crowe, M. D.
(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97019

CERTIFICATE OF DEATH

108 E 97019

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 Hillock St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jos. Johnson

(a) Residence: No. 1018 Hillock St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Single

6. DATE OF BIRTH (month, day, year) Aug 29 1895

7. AGE: Years 38 | Months 4 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portland

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy Doyle

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Isiah Johnson

(Address) 1533 Edison

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Jan 5 1934

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman st.

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 Days

Other contributory causes of importance:

Name of operation Regular Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Leik, M. D. Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268a

E 97020 ✓ E 97020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Glendale Rd. 27-01 Ward)

Length of residence in city or town where death occurred 73 yrs. 23 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel J. Hinton

(a) Residence: No. 3108 Glendale Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (~~wife~~) Laura V.

6. DATE OF BIRTH (month, day, year) March 16-1860

7. AGE: (73) Years 73 | Months 8 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Hinton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Lavender

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Laura V. Hinton
(Address) 3108 Glendale Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. 1/5/ 1934

19. UNDERTAKER J. J. Dugan
(Address) 3000 E. Baltimore St.

20. FILED Huntington Williams 1/3/1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933 to Jan 2, 1934

I last saw him alive on Jan 2, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec. 27/33
Other contributory causes of importance:	
Chr. Myocarditis	10 yr.

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wheaton M. D.

(Address) 4309 Gt. Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

1934 - 1604

1933 - 1934

M. D. B. 1268-9

E 97021

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97021

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4545 Ashenley Rd St. 27-A Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Henrietta Cohen.

(a) Residence: No. 4545 Ashenley St., Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~~Married~~ Widow

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Aaron Cohen

6. DATE OF BIRTH (month, day, year) July 20, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Asher Gruf

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Caralin Levy

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. R. Sykes

(Address) 6210 N. Hyde Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Meb. Friendship Date Jany 8 19 34

19. UNDERTAKER David Sondheimer Son

(Address) 1902 Eutaw Place

20. FILED 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 19 34

22. I HEREBY CERTIFY, That I attended deceased from January 1931 to Jan 4 1934

I last saw h alive on Jan 4 1934 Death is said to have occurred on the date stated above, at 10-10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure.	
Bronchi-pneumonia.	

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Dr Bernard Cohen M. D.

(Address) Marlborough Apt

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. E 97022 Elizabeth Hand ✓ E 97022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1121 Aisquith St. 10-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Hand

(a) Residence: No. 1121 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William Hand

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 56 yrs				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Work at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Not Known

11. Total time (years) spent in this occupation: 037

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Lowndes

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Elizabeth Ward

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Elizabeth Ballenger
(Address) 421 Allison St. Rear

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date Jan 6, 1934

19. UNDERTAKER: Edwin W. Coughlin
(Address) 728 Eutaw St.

20. FILED Jan 5 1934 [illegible] Registrar.

JAN 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1933, to Dec 23, 1933

I last saw her alive on Dec 23, 1933. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Cholecystitis	

Name of operation: — Date of: —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) [illegible] M. D.

(Address) 728 Aisquith St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1938-9 E 97023

✓ E 97023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 706 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Humphreys

(a) Residence: No. 103 N. Chapel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) April 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fat Back North Carolina

FATHER

13. NAME Ell Humphrey

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Maggie Jolley

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Marie Humphrey (Address) 103 N Chapel

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 1/6/33

19. UNDERTAKER Mrs. Hagar H. Hall (Address) 631 Druid Hill Ave

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1932 to Jan 3, 1933

I last saw him alive on January 3, 1933. Death is said to have occurred on the date stated above, at 9:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	3 days

Other contributory causes of importance:

Intestinal Adhesions	30 yrs

Name of operation Laparotomy & Resection Date of 11/30/32

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-0

E 97024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-002

Registered No. 12026

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. George H. Reppert

(a) Residence: No. 2935 N. Charles St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Reppert

6. DATE OF BIRTH (month, day, year) Sept 24 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	3	109	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Louis Reppert

14. BIRTHPLACE (city or town) ... (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Johnston

16. BIRTHPLACE (city or town) ... (State or country) Penn

17. INFORMANT Mrs. William H. McGee

(Address) 2935 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 5 1934

19. UNDERTAKER John H. Denny

(Address) 715 Light St

20. FILED JAN 5 - 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-27-1933 to 1-3-1934

I last saw him alive on 1-3-1933. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease &	?
Hypertension	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Richard Francis M. D.

(Address) Union Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 97025 ✓ E 97025

E 97025 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-81 79-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry B. Porter.

(a) Residence: No. 119 Bloomsberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) October 14, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	2	20 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James E. Porter.

14. BIRTHPLACE (city or town) (State or country) Wilmington, Del.

MOTHER

15. MAIDEN NAME Elizabeth Nagle.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT James E. Porter. (father)
(Address) 119 Bloomsberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 6, 1934

19. UNDERTAKER John H. Doheny
(Address) 95 Light St.

JAN 5 - 1934

Filed 19 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.30 p. m.

The principal cause of death and related causes of importance were as follows: Date of onset

Pneumococcus Meningitis.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner
(Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 97026 ✓ E 97026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

120

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 E. Chase St. 8-01 WARD)

2-FULL NAME Roscoe McClellan Packard

(a) RESIDENCE NO. 1808 E. Chase ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 2 mos 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced
~~(wife of)~~ HUSBAND of Lida M. Packard

6 DATE OF BIRTH (month, day, and year) Oct 22-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	2	13 12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector of R

(b) General nature of Industry, business, or establishment in which employed (or employer) Home Furnishings

(c) Name of employer Hecht Bros.

9 BIRTHPLACE (city or town) West Parish
(State or country) Maine

PARENTS

10 NAME OF FATHER Amos Packard

11 BIRTHPLACE OF FATHER (city or town) W. Parish
(State or country) Maine

12 MAIDEN NAME OF MOTHER Lydia Yerrick

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Lida M. Packard
(Address) 1808 E. Chase St

15 Filed JAN 5 - 1934 19.... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4-34

17

I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933, to Jan 4, 1934

that I last saw h~~im~~alive on Jan 4, 1934

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Ulcer of Intestine

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Geo D Young M.D.

Jan 5. 1934 (Address) 1819 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Jan 6 1934
20 UNDERTAKER	ADDRESS 1203
C. Henry Lutz	N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 97027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Pierce ST. 17-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Wm. H. Davis

(a) RESIDENCE NO. 705 Pierce St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie Davis

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 50 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Cappell Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pittsburg Va.

12 MAIDEN NAME OF MOTHER: Henrietta Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mamie Davis 705 Pierce St.

Registrar: Huntington Williams

JAN 5 - 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 1 / 34

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to Jany 1, 1934, that I last saw him alive on Jany 1, 1934, and that death occurred, on the date stated above, at 10.55 P. M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary): Cystic transformation of

(duration) yrs. mos. 6 D

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pettigrew M. D.

, 19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

UNDERTAKER: Mrs. Katie R. Williams

DATE OF BURIAL: Jan 7, 1934

ADDRESS: 3224 Schroeder St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 97028

STATE OF MARYLAND—CERTIFICATE OF DEATH

E 97028

1. PLACE OF DEATH

157-002

County ..... Registration Dist. No. .....

Village or City ..... No. 15 St. 01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earl Landon Conway, jr.

(a) Residence: No. 2608 Ritchie Hwy St. Ward 4th

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Jan 1 1934

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Earl Conway.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Helen Lengenbeel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Earl Conway 2607 Ritchie Hwy

18. BURIAL, CREMATION, OR REMOVAL Place London Pk Date 1/6/34

19. UNDERTAKER (Address) Edward London 2607 Ritchie Hwy

20. FILED ..... 19 ..... Registrar.

MC-1934

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 4 1934 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 4 1934

I last saw h. im alive on Jan. 4 1934; death is said to have occurred on the date stated above, at 9 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Congenital Malformation of Heart.

Date of onset .....

Other **Contributory Causes** of importance: .....

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. T. Wade M. D.

(Address) Cecil, Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1288-9

97029 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 97029

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2043 Cliftwood Ave St., (or Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Woherty

(a) Residence: No. 2043 Cliftwood Ave St., Ward.

(Usual place of abode) 40 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Woherty

6. DATE OF BIRTH (month, day, year) Mar 10 1858.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76. 75	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchants Miners

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 086

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Woherty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Woherty

(Address) 2043 Cliftwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 6th 1934

19. UNDERTAKER Leo G. Cook

(Address) 1723 N Patterson Park Ave

20. FILED 19 Registrar.

JAN 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 19 34 to Jan 3 19 34

I last saw him alive on Jan 2 19 34 Death is said to have occurred on the date stated above, at 11 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation (Rheumatic)	Dec 1 30
Other contributory causes of importance: Acute Cardiac Dilatation	day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John G. Avirka M. D.

(Address) 200 N Wolfe St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

97030 E 97030

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 814 Fendenhall St. (Ward) 27th

Length of residence in city or town where death occurred 37 yrs. 4 mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Jones Henson

(a) Residence: No. 814 Fendenhall St., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 27 1846

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	37	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (a) home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Thomas Henson

14. BIRTHPLACE (city or town) Talbot Co
(State or country) Maryland

MOTHER

15. MAIDEN NAME Josephine Wilson

16. BIRTHPLACE (city or town) Talbot Co
(State or country) Maryland

17. INFORMANT Annie Wise
(Address) 829 Harlem

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Alban Cem. Date 1/5 1934

19. UNDERTAKER Wesley B. Gregg
(Address) 730 W. Lanvale St.

20. FILED ... 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1933 to Jan 2 1934

I last saw h alive on June 1 1934 death is said to have occurred on the date stated above, at 6.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	7 days

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? None If so, specify ...

(Signed) Dan'l Francis M. D.
(Address) 122 W Lee

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

97031 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 97031

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 22-24 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ dys. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ dys.

2. FULL NAME Erich Koch

(a) Residence: No. 1236 Cleveland St., Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ Ethel Hutchcock

6. DATE OF BIRTH (month, day, year) Aug 4, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ethel Koch

(Address) 1236 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/6/34, 19

19. UNDERTAKER J. J. Zahn & Sons

(Address) 318 W. Saratoga St.

20. FILED JAN 8 1934, 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934 to Jan 3, 1934

last saw him alive on Jan 30, 1934 Death is said to have occurred on the date stated above, at 5.25 A.m.

The principal cause of death and related causes of importance were as follows:

Acute gastro-enteritis
Myocardial failure with
pulmonary oedema.

Date of onset

Other contributory causes of importance:

Secondary anaemia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) David H. Andrew, M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

97032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 97032

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1472 Woodall St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen Jacob Schley

(a) Residence: No. 1472 Woodall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna L Schaaf.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman & Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Schley

14. BIRTHPLACE (city or town) (State or country) Balt Md.

MOTHER

15. MAIDEN NAME Mary E. Harrison

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs Nettie Tate

(Address) 2411 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Grove Date Jan 31 19

19. UNDERTAKER Jos. F. Lahiff & Sons

(Address) 1218 Linden Ave

20. FILED JAN 5 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1933 to January 3 1934

I last saw him alive on January 3 1934 Death is said to have occurred on the date stated above, at 12.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	not known
Other contributory causes of importance: Phthisis Laryngx	3 mos ago

Name of operation none Date of

What test confirmed diagnosis? Physical exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J Edward Norris M. D.

(Address) 107 East Westst

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 97035 E 97033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. University Hospital St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gerald Hodges

(a) Residence: No. 1225 W Cross St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11th 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Robert Hodges

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Martha Schwemsberg

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr Robt Hodges

(Address) 1225 W Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pro Cathedral Date 1/6 19 34

19. UNDERTAKER John J Cowan

(Address) 911 Hollins St.

20. FILED Registrar.

JAN 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/ 19 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 34 to Jan 4 19 34

I last saw h[illegible] alive on Jan 4 19 34 Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria - probably primary	2 wks

Other contributory causes of importance:

Lobar pneumonia
Pleural effusion

Name of operation None Date of

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Baker M. D.

(Address) University Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

Spec.—1-30—M. & T.—250 Blks.

E 97034

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97034

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Lauretta Ave. St. 20-81 Ward)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert J. Beall

(a) RESIDENCE NO. 2421 Lauretta Ave. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Kate Beall

6 DATE OF BIRTH (month, day, and year) September 4, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	90	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Basil Beall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Helen Kelly
(Address) 2421 Laurett A Ave.

JAN 5 - 1934 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5- 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 1- , 1934 to Jan 5 , 1934.

that I last saw h.. alive on Jan. 4 , 1934,

and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage of Right internal Capsule

(duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary) General debility

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Left side Paralysis

(Signed) Thos. H. Phillips, M. D.

1/5/ 19 35 (Address) 1939 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Frederick, Md.

DATE OF BURIAL Jan. 6 , 1934

UNDERTAKER _____

ADDRESS 1003 West Baltimore St.

TION is very important. See instructions on back of certificates.

M. D. Bk. 263 E 97035 ✓ E 97035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 1401 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME D. Hardy Smith

(a) Residence: No. Severn Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE ~~Y~~ Years	Months	Days	If LESS than 1 day, hrs. or min.
about 73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A A Co Md

FATHER

13. NAME Francis Marion Smith
14. BIRTHPLACE (city or town) (State or country) A A Co

MOTHER

15. MAIDEN NAME Angeline Gardner
16. BIRTHPLACE (city or town) (State or country) A A Co

17. INFORMANT D. Hamilton Smith
(Address) Severn Md

18. BURIAL, CREMATION, OR REMOVAL
Place Smith Burial Ground Date Jan 6 1934

19. UNDERTAKER Thos Simpers & Sons
(Address) Glen Burnie Md

20. FILED Jan 6 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1933 to January 4, 1934.
I last saw him alive on January 4, 1934 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy with retention of urine and beginning gangrene of prostate	
Other contributory causes of importance: Bronchial pneumonia	

Name of operation Sup. public cystotomy Date of 12-16-33
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Lawriston L. Keyser M. D.
(Address) University Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. S. 3

E 97036

M. D. No. 1268-9

✓ E 97036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Dunbarton Ave, 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Quillin

(a) Residence: No. 602 Dunbarton Ave Street, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Chas A. Quillin

6. DATE OF BIRTH (month, day, year) July 14-1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME Severn Lawson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth McKenzie

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Hallette K. Ryder

(Address) Durham N. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Jan 5 1934

19. UNDERTAKER Wm Fletcher Sons

(Address) Pont & Fadues

20. FILED Jan 5 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1933 to Jan 2, 1934

I last saw h L Ralive on Jan 2, 1934 Death is said to have occurred on the date stated above, at 10.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1/1/34

Other contributory causes of importance:

Bronchopneumonia	12/33
Pleurisy Tuberculous	12/33
Chronic Interstitial Nephritis	1934

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Hallette K. Ryder M. D.

(Address) 128 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

JAN 5 1934

M. D. B. E 97037

E 97037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH [redacted] 107 E Eden St. 5-01

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 5 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Emma Watson

(a) Residence: No. 107 E Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) December 1933

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Watson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cemetery Date Jan 6, 1934

19. UNDERTAKER Wm. Davis
(Address) 1116 Caroline St

20. FILED 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1933, 19 ..... to Dec. 24, 1933

I last saw h.. alive on Dec 24, 1933 Death is said to have occurred on [redacted], at 9.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Myocardial failure	Sept 1933
Aortic insufficiency	
Cardiac hypertrophy	
Arteriosclerosis	
Syphilitic aortitis	

Other contributory causes of importance:
Myomata uteri
Adenomas of cervix & endocervix & rectum & broad ligaments

Name of operation None Date of None

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Cale Hunt Cohen, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P. D. 2.

AACo. 5-31 2500

E 97038

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97038

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Harlem Ave 16-01 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dons L. Joyner

(a) Residence: No. 1113 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6 - 1925

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	8	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glen Ville N.C.

FATHER

13. NAME Clarence Joyner

14. BIRTHPLACE (city or town) (State or country) Glen Ville N.C. NC

MOTHER

15. MAIDEN NAME Pearl Bonner

16. BIRTHPLACE (city or town) (State or country) Glen Ville N.C.

17. INFORMANT Mrs Pearl D. Smith
(Address) 1113 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Jan 5th 1934

19. UNDERTAKER Elroy O Wilson
(Address) 1001 Brantley Ave

20. FILED Jan 4 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25th 1933 to Jan 2nd 1934

I last saw h.r alive on Jan 2nd 1934 death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm E Bell M. D.

(Address) 713 N. Dremor St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 E 97039 ✓ E 97039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

280380 Med. 46

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Sniegowski

(a) Residence: No. 1102 E. S. Highland Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Sophie

6. DATE OF BIRTH (month, day, year) Jan 7 - 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Sniegowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Antonette Zaydaj

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date January 6th 1934

19. UNDERTAKER George G. Weber
(Address) 705 E. Lanvale Street

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 - 1933 to Jan 3 - 1934

I last saw him alive on Jan 3 - 1934. Death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach ?	Aug 1933
Septicemia	?
Secondary Anaemia	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

V. S. 3 OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1[illegible] B-97040

HEALTH DEPARTMENT—CITY OF BALTIMORE B-97040

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3518 Elliott St. No-04 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Bussey

(a) Residence: No. 3518 Elliott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Bussey

6. DATE OF BIRTH (month, day, year) June 28-1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Rudolph Remma

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Elizabeth Phillips

(Address) 3518 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel cem Date Jan 6, 1934

19. UNDERTAKER George W. Zobler

(Address) 1737 E. Eager St.

20. FILED [illegible] Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1931, to January 4, 1934.

I last saw h[illegible] alive on January 3, 1934. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-Enteritis	12/20/33
Other contributory causes of importance:	
General Arterio-Sclerosis	
Chronic Myocarditis	
Marasmus Senilis	

Name of operation None Date of None

What test confirmed diagnosis? Phys. & X Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury None 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Joseph A. Rosenblatt M. D.

(Address) 3018 O'Donnell St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97041

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97041

CERTIFICATE OF DEATH

X 140

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 76-01 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. 1 ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Florence V Mardaga

(a) Residence: No. Jones Creek (Usual place of abode) Lemuda St. Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of Thomas Mardaga

6. DATE OF BIRTH (month, day, year) Aug 5 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
36	36	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward D Kesterson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Florence Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Thomas Mardaga

(Address) Jones Creek Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Jan 6 . 1934

19. UNDERTAKER John Gilbert & Co

(Address) 2008 Eutaw Pl Huntington Williams N.P.

20. FILED JAN 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic infection	
Self inflicted Abortion	

Other contributory causes of importance:

Name of operation ..... Date of ..

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. J. Heagney M. D. Coroner

(Address) 1305 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 97042

97042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Charles J. Keiner

(a) Residence: No. 1113 Bonaparte Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude Smith Keiner

6. DATE OF BIRTH (month, day, year) Nov 4/1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman & b

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coffee

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Geo. M. Keiner

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Josephine B. Hofmeister

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Gertrude Keiner
(Address) 1113 Bonaparte Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Jan 8 1934

19. UNDERTAKER John Kellerbit & Sons
(Address) Huntington Indiana

Registrar

2nd FILED 6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4/34 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Keiner M. D.

(Address) 908 E Monument

Coroner

M. D. B. 1268-9

E 97043

97043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5405 Morella Rd., St., 27-001 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME David Ellsworth Dick

(a) Residence: No. 5405 Morella Rd. St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marian (Thomas) Dick

6. DATE OF BIRTH (month, day, year) July 10, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
64	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fuel Inspector 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. Railroad

10. Date deceased last worked at this occupation (month and year) Apr. 1932

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Lonaconing
(State or country) Md.

FATHER

13. NAME John Dick

14. BIRTHPLACE (city or town)
(State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Mary Kirkwood

16. BIRTHPLACE (city or town)
(State or country) Scotland

17. INFORMANT Mrs. Walter Boyd
(Address) 5405 Morella Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date 1/6/ 34

19. UNDERTAKER E. J. Fannon & Son
(Address) 1938 E. Lafayette Ave.

20. FILED ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1933 to Jan. 4, 1934

I last saw h im alive on Jan. 3, 1934 Death is said to have occurred on the date stated above, at 1:55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	1-1-34
Arteriosclerosis	1926
General Paresis	1931
Other contributory causes of importance:	
Fracture of lumbar spine	1887
Severe contusion of spine in same region (accident)	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Williamson, M. D.

(Address) 5713 Belair Rd.

M. D. B. 1268-9

E 97044 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 97044

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 E. 34th St. 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Stewart

(a) Residence: No. 605 E. 34th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie Stewart

6. DATE OF BIRTH (month, day, year) Aug 15 - 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edwin H Stewart

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary E. Quick

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs James Hill

(Address) 605 E. 34th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Jan 6 1934

19. UNDERTAKER J. Enos C. Mitchell & Son

(Address) The Emerson Place

20. FILED Jan 6 1934 Thurlington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1933 to Jan 4 1934

I last saw him alive on Jan 3 1934 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

age
arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Kurtz M. D.

(Address) Wendover & 25

OCCUPATION is very important. See instructions on back of certificate.

M. D. E. 1268-9

97045 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 97045

CERTIFICATE OF DEATH

9th-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Roland Avenue St. 13-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mae V. Carrill

(a) Residence: No. 3712 Roland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert H. Carrill

6. DATE OF BIRTH (month, day, year) July 8, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	2926	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Valentine Klinefelter

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary S. Keller

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Albert H. Carrill
(Address) 3712 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan. 6, 1934

19. UNDERTAKER A. S. Marshall
(Address) 3539 Falls Road

20. FILED 1-5-1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 34

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1933, to Jan 4, 1934

I last saw her alive on Jan 4, 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	IV/1/33
Cardiac Failure	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel W. Hunter, M. D.

(Address) 3712 Roland Avenue Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 97046

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97046

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 5 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary T. Russo.

(a) Residence: No. 1301 Hillman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of Benjamin Russo.

6. DATE OF BIRTH (month, day, year) July 28, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jasper Seifert.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Burnes.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Benjamin Russo. (husband)
(Address) 727 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Jan 6 . 1934

19. UNDERTAKER George J. Ruth & Sons. Inc.
(Address) 1235 Eutaw Place

5-1934 Washington Piedmont, N.H.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis X Ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt M. D.
1/4/34 (Address) 1017 E. Charles St. Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97047

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97047

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 7 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MRS. HELEN WEBB

(a) Residence: No. 2202 Creet Road, Baltimore, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry W. Webb

6. DATE OF BIRTH (month, day, year) May 19, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 637

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME James W. Layfield

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Dobson

16. BIRTHPLACE (city or town) St. Michael's
(State or country) Maryland

17. INFORMANT Henry W. Webb
(Address) 2202 Creet Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 1/6 19 34

19. UNDERTAKER Henry W. Mears & Son
(Address) 505 N. Eutaw St.

20. FILED 1/5 1934 Washington Phillips Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4 1934

22. I HEREBY CERTIFY, That I attended deceased from DEC. 31 1933 to JAN. 4, 1934

I last saw her alive on JAN. 4, 1934 Death is said to have occurred on the date stated above, at 10:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia - (upper left lobe)	12/28/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Richard Prance M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 97048

E 97048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 912 Fawn st ST., 3-01 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonarda Fazzio Triffiletti

(a) RESIDENCE NO. 912 Fawn ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Rosario Triffiletti

6 DATE OF BIRTH (month, day, and year) Dec 27/60

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Carmello Fazzio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Antonini Ponticello

(Address) 912 Fawn st Huntington Wdhaven, N.Y.

Filed 5-1934, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 3-1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1933, to Jan 3, 1934, that I last saw he alive on Jan 3, 1934, and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia 48 hours

Bronchial asthma

chronic nephritis.

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) arterial hypertension

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? usual phy signs.

(Signed) Louis F. Hemmen, M. D.

, 19 (Address) 722 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Jan 6 1934

20 UNDERTAKER Frank V. Lipitone — ADDRESS 2815 E. Baltimore st

E 97049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97049

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Maryland Ave Ward) 42-01

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Cora Brashears

(a) Residence: No. 2404 Maryland Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~ Married, ~~Widowed~~, ~~or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Francis A. Brashears

6. DATE OF BIRTH (month, day, year): July 17th 1858

7. AGE: Years 74 | Months 5 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Andrew Jackson Bandel

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Ann Eliz Chandler

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Francis A. Brashears

(Address): 2436 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: 1/6/1934

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED: [illegible] Registrar.

5 JAN 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 4th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 1915, to Jan 4, 1934

I last saw h[illegible] alive on January 4, 1934. Death is said to have occurred on the date stated above, at 12.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Fall 1915
Other contributory causes of importance: Cardiac Decompensation	Dec 1933

Name of operation: Cremation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving M Bibbe, M. D.

(Address) 2435 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

28042 3

E 97050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97050 + 134

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. Earl Bowersox

(a) Residence: No. 109 York St. Gettysburg Pa St., Brady Ward. Gettysburg Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Clara Bowersox

6. DATE OF BIRTH (month, day, year) Nov 5, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Joseph Bowersox

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Agnes Holtzmaer

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Gettysburg Pa. Date Jan 5 1934

19. UNDERTAKER [illegible]
(Address) Huntingdon Pennsylvania, R.D.

Filed ..... 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1934 to Jan. 5 1934

I last saw him alive on Jan. 5 1934 Death is said to have occurred on the date stated above, at 2:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock following nephrectomy, right.	1/5/34
Other contributory causes of importance: Pyonephrosis & acute pyelonephritis right. Nephrolithiasis, left. Hypertension	3 years

Name of operation Nephrectomy Date of 1/5/34

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh J. Jewett M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97051

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97051

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 S. High St St. 3-01 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Salvatore Scelsi

(a) Residence: No. 317 S. High St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Scelsi

6. DATE OF BIRTH (month, day, year) July 19, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bread Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Michael Scelsi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Puka

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mary Scelsi
(Address) 317 S. High St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 8 1934

19. UNDERTAKER Wendell F. Upright
(Address) 305 S. Eutaw St
Huntington Williams, Jr. Registrar.

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1933 to Jan. 4, 1934

I last saw him alive on Jan 3, 1934 Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Jan 4 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L. Cerruzzo M. D.

1/5/34 (Address) 514 Henry Lane

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97052

82-001

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 9

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patricia Royce (Broom)

(a) Residence: No. 707 E. Baltimore St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed ??

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Love ?? (Dead)

6. DATE OF BIRTH (month, day, year) Feb. 27, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME John Tyson

14. BIRTHPLACE (city or town) (State or country) Danville Virginia

MOTHER

15. MAIDEN NAME Grace Bell

16. BIRTHPLACE (city or town) (State or country) Charlottesville Va

17. INFORMANT Father (John Tyson)
(Address) Lutherville Heights, Md

18. BURIAL, CREMATION, OR REMOVAL
Place S. Paul 2nd cor. Date Jan. 6, 1934

19. UNDERTAKER Wendell Leppold
(Address) 220 S. Eutaw St. Eastern Ave, Md

20. Jan 6 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1933 to Jan 2, 1934

I last saw her alive on Jan 2, 1934 Death is said to have occurred on the date stated above, at 11:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	3 days ?

Other contributory causes of importance: Cause Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. P. Magill M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

97053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97053

CERTIFICATE OF DEATH

V 25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 72-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel McDaniel (also McDowell)

(a) Residence: No. 102 W Hill St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucille McDaniel nee McDaniel

6. DATE OF BIRTH (month, day, year) Jan 1903 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spartanburg S. C.

FATHER

13. NAME Alex McDaniel ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Nellie Bevans

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) Balt City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Jan 6, 1934

19. UNDERTAKER James A Deans

(Address) 1422 W. Pratt St

AUG - 1934 Huntington ? Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1933, to Jan 4, 1934

I last saw h[illegible] alive on Jan 4, 1934 Death is said to have occurred on the date stated above, at 6:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus	1 mo
Peritonitis, tuberculous ?	3 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I B Magill M. D.

(Address) Balt. City Hospitals

M. D. B. 1268-0

E 97054

HEALTH DEPARTMENT—CITY OF BALTIMORE

97054

CERTIFICATE OF DEATH

V 183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 N. Montford Ave St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant of Mary Elizabeth Orth

(a) Residence: No. 1303 N. Montford Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 29/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 1 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Clemens-2532 E. Oliver

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Mary Elizabeth Orth

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary Elizabeth Orth
(Address) 1303 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place U of M Med College Date Jan-5 , 1934

19. UNDERTAKER J. H. Engel
(Address) Huntington Ave.

FILED Jan 5 1934, 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29/33 , 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... to ... , 19...

I last saw h... alive on ... , 19... Death is said to have occurred on the date stated above at about 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury Delivered into toilet bowl-placenta attached.

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. H. Kaiser Coroner, M. D.

(Address) 505 E. Monument

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97055

CERTIFICATE OF DEATH

E 97055

93-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 76-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lukastelis

(a) Residence: No. 212 Cleveland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie (Zukas)

6. DATE OF BIRTH (month, day, year) Oct 29 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	32	35	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hillsboro Pa

FATHER

13. NAME Andrew Lukastelis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jennie Zukas

(Address) 212 Cleveland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Jan 8, 1934

19. UNDERTAKER John J. Connelly

(Address) Essex Md.

20. FILED JAN 16 1934 Hamilton Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h ~~alive~~ on , 19 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Peregoy M.D. Coroner, M. D.

(Address) 130 E. Fallsway

M. D. B. 1268-9

E 97056

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97056

CERTIFICATE OF DEATH

82-001

Registered No. 5-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3040 Windsor Ave. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 93 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gretta C. Price

(a) Residence: No. 3040 Windsor Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Clay D. Price Sr.

6. DATE OF BIRTH (month, day, year): Mar. 1, 1862

7. AGE: Years 71 | Months 10 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kent Co. Md.

FATHER
13. NAME: James D. Mansfield
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Margaret Price
16. BIRTHPLACE (city or town) (State or country): Alexandria Va

17. INFORMANT (Address): Mrs Charlotte Close 3040 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Cem. Date: Jan 6, 1934

19. UNDERTAKER (Address): Wm. F. Schnepp & Sons 1600 E. Pratt St.

20. Filed Jan 6 1934 Hinton Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1933 to Jan 3, 1934

I last saw her alive on Jan 3, 1934 Death is said to have occurred on the date stated above, at 6.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	-
Cerebral Hemorrhage	1/3/34

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? If so, specify ____

(Signed) Edward H. London M. D.

(Address) 3707 Calloway Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

Mary C. Devaney

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97057 E 97057

CERTIFICATE OF DEATH

V93-003

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary C. Devaney

(a) Residence: No. 17 North Rose St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced (or) WIFE of James Paul Devaney

6. DATE OF BIRTH (month, day, year) May 30, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Arnt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Grunbut

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James P. Devaney Husband.
(Address) 17 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 5 1934

19. UNDERTAKER John A. Mulaney
(Address) 3000 E. Belle St.

20. FILED ..... 19..... Registrar.

JAN 6 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4 1934

22. I HEREBY CERTIFY, That I attended deceased from January 3 1934 to January 4 1934. I last saw h[illegible] alive on January 4 1934. Death is said to have occurred on the date stated above at 10:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic myocarditis	?
Other contributory causes of importance:	
1. Pulmonary edema	
2. Bronchopneumonia - terminal	

Name of operation ..... Date of L

What test confirmed diagnosis autopsy there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W M Mazzuchelli, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 97058

97058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 S. Bimney St., 1 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Wayson

(a) Residence: No. 904 Bimney St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Married~~ George W. Wayson

6. DATE OF BIRTH (month, day, year) Jan 1 or 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~ Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired housework

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Whitmer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Reinfedder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Patzwell

(Address) 904 S. Bimney St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Jan. 8, 1934

19. UNDERTAKER Lilly & Feiser Inc.

(Address) 405 N. Howard St.

20. FILED Jan 8 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Jan 3, 1934

I last saw her alive on Jan 3, 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia from Nephritis	Aug 1933
Cardiac hypertrophy-dilatation	

Other contributory causes of importance:

Chronic bronchitis	15 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1010 So. Edwards Ave

M. D. B. 1268-9

E 97059

97059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

LV 93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 Harvey St. St. 24-C Ward)

Length of residence in city or town where death occurred -- yrs. 3 mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachael A. Lee.

(a) Residence: No. 636 Harvey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (of) WIFE of Francis B. Lee.

6. DATE OF BIRTH (month, day, year) July 13, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 0 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co. Md

FATHER

13. NAME Martin Spurry.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Ann Bramble.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Eva B. Fox. (daughter)
(Address) 636 Harvey St.

18. BURIAL, CREMATION, OR REMOVAL Interment also.
Place Chester, Kent Island Date Jan. 7th, 1934

19. UNDERTAKER Lilly & Zuber Inc.
(Address) Huntington Pittsburgh, Pa.

6-1934 Huntington Pittsburgh, Pa.
No. File 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt Coroner, M. D.

1/4/34 (Address) 1017 E. Charles St.

A4Co 5-31 250B

E 97060

97060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1053 w. Fayette St. 18-01 Ward)

Length of residence in city or town where death occurred 75 yrs 4 mos 2 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Clarence E. Shafer

(a) Residence: No. 1053 w. Fayette St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie Shafer

6. DATE OF BIRTH (month, day, year) Sept 2 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME Nathan Shafer

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Eliza Rogers

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs Sadie Shafer

(Address) 1053 w. Fayette st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 8 1934

19. UNDERTAKER Jos Sochden's Son

(Address) 217 S. Paca St

Huntington Williams, M.D.

JAN 6 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-28 1933 to 1-4 1934

I last saw him alive on 1-4 1934 Death is said to have occurred on the date stated above, at 10 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1 yr.
Other contributory causes of importance:	
Lobar Pneumonia	12-27-33
Uremia	5 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of injury ? 19 ....

Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

Spec.—9-30—A. & Co.—250 Blks

E 97061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97061

CERTIFICATE OF DEATH.

V 49

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (a) No. 3800 Dorchester Road St. 15-01 WARD

2-FULL NAME Emma Hass Buettner

(a) RESIDENCE NO. 3800 Dorchester Road St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~ Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W Buettner

6 DATE OF BIRTH (month, day, and year) Aug 12 1884

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
49	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edward A Hass.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Emma E Hultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Henry W Buettner

(Address) 3800 Dorchester Road.

15 Filed 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5, 1934

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933, to Jan. 5, 1934

that I last saw her alive on Jan. 5, 1934

and that death occurred, on the date stated above, at 9.07 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Ovary (Metastases)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis. Few wks. Pleurex Metastase

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory.

(Signed) Americus Sorell M.D.

1/5, 1934 (Address) 3705 Liberty Hgts Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Jan 8 1934

20 UNDERTAKER Kerr Gore & Co ADDRESS 324 N Charles St.

6-1934

FROM the very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Bks

E 97062

E 97062 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No.) 2914 Garrison Blvd (WARD) 5-01

2 FULL NAME Elizabeth V. Benson

(a) RESIDENCE NO. 2914 Garrison Blvd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs or more How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: O. K. Benson

6 DATE OF BIRTH (month, day, and year): Dec 17-1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~86~~	86	—	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): B. A. Co. Md.

PARENTS

10 NAME OF FATHER: Christian Luthmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Laura E. Smith

13 BIRTHPLACE OF MOTHER (City or town) (State or country): B. A. Co. Md.

14 Informant: Geo. L. Luthmann

(Address) 817 Park Ave.

15 [illegible] Huntington Williams, Registrar

6-1934 NFR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 5-1934

17

I HEREBY CERTIFY, That I attended deceased from Dec 24, 1933 to Jan 4, 1934

That I last saw her alive on Jan 4, 1934

and that death occurred, on the date stated above, at 1-20 P. m.

The CAUSE OF DEATH was as follows: Broncho-pneumonia

~~Contributory~~ yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What was confirmed diagnosis? Original

(Signed) Geo. L. Luthmann M. D.

1/5 1934 (Address) 817 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Luthmann Family Burying Ground DATE OF BURIAL: Jan 7 1934

20 UNDERTAKER: Richard F. Lore ADDRESS: 2234 N. Charles St.

M. D. B. 1269-9

E 97063

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97063

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Th.)

CITY OF BALTIMORE: (No.) St., 18-61 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Claren

(a) Residence: No. 752 W. Lexington st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 27, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Phillipines

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Phillipines

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dead Hse Date 1/6 34

19. UNDERTAKER J. Frahey Son

(Address) 1318 Light St

Filed JAN 9 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10 1933 to Jan. 2 1934

I last saw him alive on Jan. 2 1934 Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1952

97064

E 97064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 S. Kenwood St. 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? 50 yrs. ...mos. ...ds.

2. FULL NAME Blazej Konopacki

(a) Residence: No. 930 S. Kenwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Honorata

6. DATE OF BIRTH (month, day, year) Feb 3 1851

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
82	11	30 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Konopacki

(Address) 930 S. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place N. Cemetery Date Jan 8 19 34

19. UNDERTAKER Mathews J. Fialkowski IN

(Address) 1 S. Kenwood Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4 1934

22. I HEREBY CERTIFY, That I attended deceased from December 21 1933 to Jan 4 1934

I last saw him alive on Jan 4 1934 Death is said to have occurred on the date stated above, at 7:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular	?
Other contributory causes of importance:	
Terminal bronchopneumonia	

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Julius J. Szyko, M. D.

(Address) 2231 Eastern Ave

JAN 1934 Hunter 1511

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97065

CERTIFICATE OF DEATH

13 V E 97065

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 W. Mulberry St., H-01 Ward)

Length of residence in city or town where death occurred Unknown How long in U. S. If of foreign birth 76 yrs Unknown

2. FULL NAME Agnes R. Malone

(a) Residence: No. 512 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nicholas Malone

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Martin Redman

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Madeline Rocke

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Agnes B Crowe
(Address) 512 W. Mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Date Jan. 9, 1934

19. UNDERTAKER Martin Tabert & Sons
(Address) 1827 N. Gorsuch Ave.

20. FILED JAN 6 - 1934 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1933 to Jan 5, 1934

I last saw her alive on Jan 4, 1934 Death is said to have occurred on the date stated above, at 10 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Unknown
Chr. Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo B. Seybert M. D.

(Address) 802 Harford Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97066 E 97066

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens + Caton aves St., 16-G Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roland Kratz

(a) Residence: No. 902 Dupeland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1888

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	45	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 840
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt. (State or country) Md.

FATHER

13. NAME August
14. BIRTHPLACE (city or town) Balto. (State or country) Md

MOTHER

15. MAIDEN NAME Mamie Killgrub
16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mrs. Lottie Kratz
(Address) 902 Dupeland St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan. 6 1934

19. UNDERTAKER Fritz Bates Sons
(Address) 1527 N. North Ave

JAN 6 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/2/34, 19..., to 1/4, 1934
I last saw him alive on 1/4/34, 19... Death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydronephrosis ?	?
Hydrometra	?
Chronic Nephritis	1/1/34
Uraemia.	

Other contributory causes of importance:

Structured Ureters	?
Urinary calculus	?

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John C. Dunler M. D.
(Address) St. Agnes Hospital

M. D. B. 1268-9

E 97067

97067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. 2350

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General St. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Wolf.

(a) Residence: No. 1527 S. Charles St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of Kate Wolf.

6. DATE OF BIRTH (month, day, year) November 20, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker. 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME August Wolf.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Wollie --------

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Jeanette Simth. (daughter)

(Address) 3230 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemty. Date Jan. 6 19 34

19. UNDERTAKER Wm. McCully.

(Address) 130 E. Fort Ave.

20. FILED 1-6-1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D.

1/4/34 (Address) 1017 S. Charles St. Coroner

Spec—9-30—A. & Co.—250 Bks.

E 97068

E 97068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 N Eutaw ST. 11-01 WARD)

2-FULL NAME Helen Hall

(a) RESIDENCE NO. 1038 N Eutaw ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-13-32

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1		27/21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work do

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Raymond Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Birdie Mosby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Birdie Hall
(Address) 1038 N Eutaw St

15 Filed ....., 19.... Registrar

6-1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4-34

17

I HEREBY CERTIFY, That I attended deceased from 1-1, 1934, to 1-4, 1934

that I last saw her alive on 1-4, 1934

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. D. McRae M. D.

1-5, 1934 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Jan 8, 1934

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 Schroeder St.

M. D. B. 1268-9

E 97069

97069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4007 Hillcrest Ave St. 27 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Peter Ebert

(a) Residence: No. 4007 Hillcrest Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose Ebert

6. DATE OF BIRTH (month, day, year) Sept 22 - 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Paver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Ry Co

10. Date deceased last worked at this occupation (month, year) 12/34/33

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country) Cincinnatti Ohio

FATHER

13. NAME John Ebert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Koch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT J. George Ebert

(Address) 509 - N Pulaski

18. BURIAL, CREMATION, OR REMOVAL Interment (Lauriville) 1 | 8 | 34 . 19

19. UNDERTAKER Geo. W. Wolf & Son

(Address) 1502 Edmondson Ave

FILED 1934 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4. 1934

22. I HEREBY CERTIFY, That I attended deceased from December 17 1934 to Jan. 4th 1934

I last saw him alive on Jan 3- 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/12/33
Other contributory causes of importance:	
Pulmonary hemorrhage	12/4/33

Name of operation not any Date of ✓

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ . 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) G. R. Buxton M. D.

(Address) 301 E. Cross St

M. D. B. 1265-9

E 97070

97070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 9-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME "Girl" Merica

(a) Residence: No. Front Royal Va St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 5/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Enroute to Va Calvert, Md.

FATHER

13. NAME Carol Merica

14. BIRTHPLACE (city or town) (State or country) Luray, Va.

MOTHER

15. MAIDEN NAME Stella Shifflett

16. BIRTHPLACE (city or town) (State or country) New Market, Va

17. INFORMANT William T. Page (Uncle)
(Address) 1116 Somerset St Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Front Royal Va Date 1/6-34 Front Royal Va, 19

19. UNDERTAKER Carl. Merica
(Address)

FILED 1934, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity about 6 mons gestation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Queen Coroner, M. D.

(Address) 508 E North Ave

E 97071

AaCo. 5-31 1508

HEALTH DEPARTMENT—CITY OF BALTIMORE

97071

CERTIFICATE OF DEATH

✓ 46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2445 Maryland Ave St.) 12-A (Ward)

Length of residence in city or town where death occurred 69 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Maud Dawson Foley

(a) Residence: No. 2445 Maryland ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Roland Foley

6. DATE OF BIRTH (month, day, year) Jan 18 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snow Hill Worcester Co. Md.

FATHER

13. NAME Thomas MacKenzie Dawson

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland

MOTHER

15. MAIDEN NAME Sarah Ann Duer

16. BIRTHPLACE (city or town) (State or country) Worcester Co Maryland

17. INFORMANT Thomas Duer Dawson

(Address) 2445 Maryland ave

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery Date Jan 8 1934

19. UNDERTAKER Edwin L. Clark

(Address) 1542 W. North ave

6-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933 to Jan 5th 1934

I last saw her alive on Jan 2nd 1933 death is said to have occurred on the date stated above, at 9.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sternum	

Other contributory causes of importance:

Secondary Anemia.
Cachexia.

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) William A. Foulton M. D.

(Address) 2624 St Paul St. Baltimore Md

M. D. B. 1268-9

E 97072

97072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-01 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Cherry St., 25 Ward)

Length of residence in city or town where death occurred xx yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Mary Louretta

(a) Residence: No. 1419 Cherry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Louretta

6. DATE OF BIRTH (month, day, year) Dec 13, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	~~27~~	24 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 627

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portland

FATHER

13. NAME John Kasserouty

14. BIRTHPLACE (city or town) (State or country) Eritrea

MOTHER

15. MAIDEN NAME Sonya Kadlova

16. BIRTHPLACE (city or town) (State or country) Eritrea

17. INFORMANT Frank Louretta

(Address) 1419 Cherry St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedarhill Date Jan 8, 1934

19. UNDERTAKER Yourkevitch

(Address) 1906 Eastern Ave

6 Jan 1934, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933 to Jan 5, 1934

I last saw her alive on Jan 5, 1934. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Broncho	Jan, 1933
Primary	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

( ) If so, specify

(Signed) Wilmer D. Scott, M. D.

(Address) 4816 Pennington Ave

M. D. B. 1268-2

E 97073

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97073

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Removed Dead from City Hospital to 4-01 St., Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin F Lowdell

(a) Residence: No. Stephenville Va St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of / ~~WIFE of~~ Emma Lowdell

6. DATE OF BIRTH (month, day, year) Feb 28 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	9 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Delaware Pa

FATHER

13. NAME Abner Lowdell

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Anna Tibbey

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT S H Dan Co

(Address) Prochester & Phila Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Phila Bellefield Date Jan 6, 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

[illegible] Undertaker

JAN 7 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Jan 6, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Endocarditis — Date of onset [illegible]

Other contributory causes of importance:

Pulmonary Embolism [illegible]

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Fenton Coroner, M. D.

(Address) 700 E Chase

M. D. B. 1268

E 97074

2806 15 E 97074
3 55 P.M.
1 Sur 9.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 1 53

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. J-24 (Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hilda Stanfill

(a) Residence: No. Blountstown, Florida St., N.L.2 Ward. Florida
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 9, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME David Stanfill

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Carrie Horne

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Blountstown Fla. Date Jan 8 1934

19. UNDERTAKER McTucker Bond
(Address) North Fairfield

20. FILED Jan 9 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1934 to Jan. 6 1934

I last saw her alive on Jan. 6 1934 Death is said to have occurred on the date stated above, at 3 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	1927

Other contributory causes of importance:

Name of operation Craniotomy Date of 1-6-34

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Kimball M. D.

(Address) The Johns Hopkins Hosp.

E 97075

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97075

CERTIFICATE OF DEATH

✓ 159

REGISTERED NO. 2697

1-PLACE OF DEATH

City of BALTIMORE: (No. 347 Camel st St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Galloway jr

(a) RESIDENCE NO. 347 Camel St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: 000

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days: IF LESS than 1 day 36 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER James Galloway

11 BIRTHPLACE OF FATHER (City or town) Balto md

(State or country)

12 MAIDEN NAME OF MOTHER Geraldine Carrington

13 BIRTHPLACE OF MOTHER (city or town) Balto md

(State or country)

14 Informant (Address) James Galloway

15 Filed 7-1934 Huntington Hillsdale

0017

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-5- 1934

17 I HEREBY CERTIFY, That I attended deceased from 1-4 1934 to 1-5 1934

that I last saw him alive on 1-5 1934

and that death occurred, on the date stated above, at 5:45 P m.

The CAUSE OF DEATH* was as follows:

Inanition

(duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? medical

(Signed) W. Atwell Jones M. D.

19 (Address) 1123 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of md — Date of Burial: Jan 6 1935

20 UNDERTAKER: [illegible] — ADDRESS

Commissioner Health

AACo. 5-31 2M E 97076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97076

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 W Fremont St. 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah Hawkins

(a) Residence: No. 1512 W Fremont ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Hawkins

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Leon Rankers

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Mary Jane Naylor

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Daniel Hawkins
(Address) 1512 Fremont ave

18. BURIAL, CREMATION, OR REMOVAL
Place Calvert Co Md Date Jan 7 1934

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED ..... Huntingtown Calvert Co Md
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1933 to Jan 5, 1934

I last saw her alive on Jan 4, 1934 death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	Jan 1933
Arteriosclerosis - age.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. N. Wright, M. D.

(Address) 1209 Presstman St

M. D. B. 1268-9

E 97077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97077

163

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Kremens

(a) Residence: No. 1215 W. North Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-6-1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	24		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5 & 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Aaron Kremens

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Levis Southern Cem Date 1/7/34 19..

19. UNDERTAKER Jack Lewis Funeral Home

(Address) 1032 E. Baltimore St.

FILED - 1934 Starting Time [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6-1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19.. to ... 19..

I last saw h... alive on ... 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	12/24/33

Other contributory causes of importance:

Acute Peritonitis
Acute Tuberculous Enteritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. 1268-9 E 97078 2324 E 97078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 E. Balto St. 5-01 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 44 yrs. ... mos. ... ds.

2. FULL NAME Lena Michaelson

(a) Residence: No. 832 E. Balto St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Moses

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 61 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

13. NAME: Harry

14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: Dora

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Helmet Herring Run Date 1/7/34

19. UNDERTAKER: Jack Lewis & Sons
(Address) 1439 E. Balto St

20. FILED ... 19... ... Registrar.

N 7 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6/34

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25 to Jan. 5 19 34

I last saw her alive on Jan. 5 19 34 Death is said to have occurred on the date stated above, at 4:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2 days

Other contributory causes of importance:

Diabetes
Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis clinical & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Isidor L. Levy M. D.

(Address) 2324 Eutaw Place

E 97079

Spec.—1-12-23—M1—5000

E 97079

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 514 St. Mary's ST., 17-01 WARD)

2-FULL NAME John Wesley House

(a) RESIDENCE NO. 514 St. Mary's ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Margaret House

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER George House

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Margaret House
(Address) 514 St Mary's St

15 Filed 1-1934, 19.. Wilmington Delaware Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4-1934

17 I HEREBY CERTIFY, That I attended deceased from 12/31, 1933 to 1/4, 1934.
that I last saw h/she alive on 1/4, 1934
and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:
Terminal Bronchopneumonia, 4 days
Chronic Cardio Vascular renal disease (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. L. Jackson M.D.
1/4, 1934 (Address) 608 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary — DATE OF BURIAL 1/7, 1934

20 UNDERTAKER Samuel T. Hamilton — ADDRESS 578 N Biddle

M. D. B. 1268-0

E 97080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97080

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4604 Walther Blvd 27-01 Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maytie K. Lotts

(a) Residence: No. 4604 Walther Blvd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Allen W. Lotts

6. DATE OF BIRTH (month, day, year) May 24 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Calvin Mahoney

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Della Longaker

16. BIRTHPLACE (city or town) (State or country) Walkersville Md

17. INFORMANT Allen W. Lotts

(Address) 4604 Walther Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Town Md Date Jan 4th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED JAN 7 1934 19.. Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1933 to Jan 6 1934

I last saw h alive on Jan 5 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure. — Date of onset

(Myocardial Failure)

Other contributory causes of importance:

Lobar Pneumonia.

Name of operation ~ Date of .....

What test confirmed diagnosis? ~ Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ..... 19.....

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify .....

(Signed) Chas Duncan M. D.

Address 4206 Harford Rd 1/6/34

M. D. B 1268-1

E 97081

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97081

CERTIFICATE OF DEATH

164-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3907 Guyumdah St. 28-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth?...yrs. ...mos. ...ds.

2. FULL NAME Pearl Boland

(a) Residence: No. 3907 Guyumdah St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Boland

6. DATE OF BIRTH (month, day, year): 1897

7. AGE: Years 36 | Months | Days | If LESS than 1 day, ...hrs. ...min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pulaski Va

13. NAME: Wife

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: John F. Boland
(Address) 3907 Guyumdah

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cem. Date 1/8/34
Place

19. UNDERTAKER: M. Corbo
(Address) 1214 E. Fayette St

20. FILED ...19... ...Registrar

JAN 7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ...19... to ...19...

I last saw h... alive on ...19... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide - Asphyxiated by Illuminating Gas	1/6/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ...19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

...If so, specify ...

(Signed) F. C. Luck, M. D.
Coroner

(Address) Baltimore

M. D. B. 126

E 97082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97082

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Southern Hospital St. 13-01 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Louise Carpenter

(a) Residence: No. Southern Hospital Home St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Allen Carpenter

6. DATE OF BIRTH (month, day, year): Oct 5 1850

7. AGE — Years: 83 | Months: 3 | Days: — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Miss Thaley
(Address) Southern Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place: Loraine Date: 1/9 1934

19. UNDERTAKER: W M Cook Co
(Address) 1319 E Baltimore St

20. FILED ..... 19 ..... Registrar.

JAN 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Jan 5 1934

I last saw h[illegible] alive on Jan 4 1933. Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Sclerosis	many yrs
Other contributory causes of importance: Bronchial Pneumonia	last

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H C Keyes M. D.

(Address) 5600 York Rd

M. D. B. 1268

E 97083

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97083

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 John St. 11-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Kirwan

(a) Residence: No. 1308 John St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 17-1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25 24	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolworth 5&10

10. Date deceased last worked at this occupation (month and year) Dec 30

11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Clarence Kirwan

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Gertrude Gaines

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Catherine Kirwan

(Address) Towson Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jany 8, 1934

19. UNDERTAKER Harry M. Fisher

(Address) 1424 N. Rodman

20. FILED ..... 19 ..... Registrar

N 1 - 1334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1933 to Jan 5, 1934

I last saw him alive on Jan 5, 1934 Death is said to have occurred on the date stated above, at 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia Lobar	Jan 3, 34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W H Hardy M. D.

(Address) 1403 Park Ave.

M. D. B. 1246 E 97084 E 97084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Fulton Ave St. 15-61 Ward)

Length of residence in city or town where death occurred 69 yrs. . mos. .da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Rutzel Ruden

(a) Residence: No. 519 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Ruden

6. DATE OF BIRTH (month, day, year) May 16-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md

FATHER

13. NAME Thomas Cook

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Cook

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Fred Ruden

(Address) 519 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 9. 19 34

19. UNDERTAKER Harry W. Ruden

(Address) 4 W. Woodlawn

20. FILED Jan 9 19 34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 33 19 to Jan 6 34 19

I last saw h alive on Jan 6 34 19 Death is said to have occurred on the date stated above, at 7 1/2 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Liver Duration Jan 34

Other contributory causes of importance:

Cancer of Cervix

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Stonebraker M. D.

(Address) 6 W. Mulberry

M. D. B. 1[illegible]

E 97085

E 97085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 446 E. 22nd St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marion E. Reynolds

(a) Residence: No. 446 E. 22nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of D. F. Reynolds

6. DATE OF BIRTH (month, day, year) Dec 18-1810

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Albert E. Lund

14. BIRTHPLACE (city or town) (State or country) Falls Md.

MOTHER

15. MAIDEN NAME Minnie Ruth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Etta Lundeen

(Address) 446 E. Fullerton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Jany 9. 1934

19. UNDERTAKER Harry W. Ehlen

(Address) 1444 W. Baltimore

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 6 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1934 19 ... to Jan 6 1934

I last saw ... alive on June 6, 1934 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1 yr.
Other contributory causes of importance:	
Arteriosclerosis	1 yr.
Myocarditis	2 mos.

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Gibney M. D.

1/6/34 (Address) 622 W. Lafayette Ave

AaCo. 5-31 10pb E 97086

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97086

CERTIFICATE OF DEATH

1. PLACE OF DEATH 907 Leadenhall St V 108

CITY OF BALTIMORE: (No. 907 Leadenhall St, Ward 23-01)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Pinkney

(a) Residence: No. 907 Leadenhall St, Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Rosa Pinkney

6. DATE OF BIRTH (month, day, year) Apr 4 1872

7. AGE: Years 62 | Months 7 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alexander Pinkney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Rosa Pinkney
(Address) 907 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/7 1934

19. UNDERTAKER Isaiah L Brown Son
(Address) 1034 Montgomery St

20. FILED [illegible] 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1933 to Jan 4 1934

I last saw h[illegible] alive on Jan 4 1934 death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Dyspnea	

Name of operation [illegible] Date of operation

What test confirmed diagnosis Physical signs

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, how?

(Signed) H G Tompkins M. D.

(Address)

M. D. B 1268-B

E 97087

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97087

CERTIFICATE OF DEATH

43-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033. Hanover. St. St. 23-01 Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Krausz.

(a) Residence: No. 1033. Hanover. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Krausz.

6. DATE OF BIRTH (month, day, year) May. 7-1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Krausz

14. BIRTHPLACE (city or town) (State or country) Germy

MOTHER

15. MAIDEN NAME Minnie Schmidt

16. BIRTHPLACE (city or town) (State or country) Germy.

17. INFORMANT Harry Krausz.
(Address) 1606. Hanover

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 8th 1934

19. UNDERTAKER B. Schlossman & Son
(Address) 1039 Hanover st

FILED 1-7-1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1932 to Jan. 5, 1934

I last saw him alive on Jan. 5, 1934. Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of bowel and rectum following cerebral hemorrhage	1929
Other contributory causes of importance: chronic myocarditis	14 months prior to death

Name of operation - - - Date of --

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - - -

(Signed) Harry Deibel M. D.

1/6/34 (Address) 1224-1226 Hanover St.

M. D. B. 3-9 E 97088

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97088

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 S. Poppleton St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Joseph Lucas

(a) Residence: No. 125 S. Poppleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1st 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Coal Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Patrick Lucas

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Lucas

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Horace Lucas

(Address) 125 S. Poppleton St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 1/8/, 1934

19. UNDERTAKER John F. Cowan & Co

(Address) 901 Hollins St.

20. FILED 1/8, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933 to Jan 6, 1934

I last saw h[illegible] alive on Jan 6, 1934 Death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	6 mo.

Other contributory causes of importance:

Chronic Myocarditis	6 mo.

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos Fenton, M. D.

(Address) 888 N. Broadway

M. D. B. 1268

E 97089

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97089

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4715 Edmondson Ave. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 10 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Asendorf

(a) Residence: No. 4715 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Asendorf.

6. DATE OF BIRTH (month, day, year) Feb. 21 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boy Manufactu.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fur. self. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME George H Asendorf

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Sophia Waltgard

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna M. Asendorf.

(Address) 4715 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls. Violetville Date 1/8th 1934

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 2327 Edmondson ave

20. FILED 1-10-34 Huntington Wilkinson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1934 Jan 5 1934

I last saw him alive on Jan 5 1934 Death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	7 hrs
Hypertension	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

1/6/34 (Signed) E Wells Hemming M. D.

(Address) 2000 Fallsway

M. D. B. 12000

E 97090

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97090

92-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Henry St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen Fox

(a) Residence: No. 1504 Henry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec. 8 1896

7. AGE: Years 39 | Months | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 00
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Timothy Fox
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Mc Nulty
16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: James Fox
(Address) 1504 Henry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 9 19 39

19. UNDERTAKER: Maggart & Flynn
(Address) 1419 Light St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6 19 39

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 19 33 to January 6 19 39

I last saw h[illegible] alive on January 6 19 39 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	
Chr Valvular Endocarditis	
Bronchial Asthma	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Ebersole M. D.

(Address) 1337 E. Chase St

ANT - [illegible]

M. D. B. 1934-9

E 97091

E 97091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 W. North Ave. Ward) 15-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Wortche

(a) Residence: No. 1619 W. North Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W. Wortche.

6. DATE OF BIRTH (month, day, year) Oct. 5-/68

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Hart

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henry W. Wortche

(Address) 1619 W North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan. 8 19 34

19. UNDERTAKER Margaret S. Flynn

(Address) 2107 N. Fulton Ave.

20. FILED ... 19 ... Registrar.

1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1934 to Jan 5 1934

I last saw h.er alive on Jan 4 1934 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) O. C. Leoyd M. D.

(Address) 1732 Fulton Ave

M. D. B. 1[illegible] E 97092

E 97092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Catlan ave St., 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 6 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Boone

(a) Residence: No. 1331 W 42nd St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 14-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Gideon Boone

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Ross

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary V. Ross

(Address) 1331 W. 42nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Pomfret Jan. 8 1934

19. UNDERTAKER Forest F. Burgee

(Address) 3631 Falls Road

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27 1933 to Jan. 6 1934

I last saw her alive on Jan. 6 1934 Death is said to have occurred on the date stated above, at 1 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Enteritis, obstruction~~	
Coma & shock	11/[illegible]/33
Intestinal obstruction	12/[illegible]/33

Other contributory causes of importance:

Name of operation Operation small intestine Date of 1/[illegible]/34

What test confirmed diagnosis ~~Operation~~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Herbst M. D.

(Address) St Agnes Hosp.

A&Co. 5-31 2500

E 97093

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97093

CERTIFICATE OF DEATH

82-001

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2912 Shirley Ave (Hamilton) St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick William Klehm

(a) Residence: No. 2912 Shirley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie J. Klehm

6. DATE OF BIRTH (month, day, year) July 20-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 081

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John A. Klehm

14. BIRTHPLACE (city or town) Wilmington (State or country) Del.

15. MAIDEN NAME Elizabeth Platt

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Bessie J. Klehm
(Address) 2912 Shirley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Jan 9, 1934

19. UNDERTAKER Weber & Metz Inc
(Address) 424 N. Howard St

FILED JAN 9 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934 to June 6, 1934

I last saw him alive on Jan 6, 1934 death is said to have occurred on the date stated above, at 7:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-2-34
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased No If so, specify ...

(Signed) L. L. Gordy M. D.

(Address) Gordy Rd & Overland Ave

A&Co. 5-31-50B E 97094

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97094

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 E. 33rd St., 12-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Smith Phillips

(a) Residence: No. 116 E. 33rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, ~~or divorced~~ BUSBAND of (or) WIFE of Annie L. Phillips

6. DATE OF BIRTH (month, day, year) June 30 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soft Drink Business

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Dorchester Co
(State or country) Md

13. NAME Levin Phillips

14. BIRTHPLACE (city or town) Dorchester Co
(State or country) Md.

15. MAIDEN NAME Amanda Tull

16. BIRTHPLACE (city or town) Dorchester Co
(State or country) Md

17. INFORMANT Mrs. Annie Phillips
(Address) 116 E 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Jan. 8 1934

19. UNDERTAKER Sothoron & Boyd Inc
(Address) 424 N. Eutaw

20. FILED ... 19... for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1933, to January 4, 1934

I last saw him alive on January 4, 1934 death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Mouth	1926
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Biopsy Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Charles Heckman, M. D.

(Address) 1417 Eutaw Place

M. D. B. 1268-9

E 97095 E 97095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 662 W. Saratoga St. St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Mazza

(a) Residence: No. 662 W. Saratoga St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3, 1920.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
13	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Joseph Mazza

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Vincent Mazza
(Address) 662 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Mount Calvert Date Jan. 8/34

19. UNDERTAKER James L. Pugh
(Address) 3305 Wilkens Ave

19. FILED 1934 Hastings Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5/34

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1933 to Jan. 5, 1934 I last saw him alive on Jan 3, 1934 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of left hip.	5/8/33
Other contributory causes of importance:	
metastasis to skull & Spine.	11/5/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. A. Iannuccelli : M. D.

(Address) 306 N. Green St.

M. D. B. [illegible] E 97096

Buccheri

E 97096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Buccheri

(a) Residence: No. 2009 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) December 30 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Thomas Buccheri

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Cumello

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Thomas Buccheri
(Address) 2009 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1/8/34 19

19. UNDERTAKER Kendall & Hopper
(Address) 300 N. Eden St.

20. FILED ... 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1934 to Jan 4 1934

I last saw he alive on Jan 4 1934 Death is said to have occurred on the date stated above, at 3.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	[illegible]
Type undetermined.	Dec 31, 33

Other contributory causes of importance:

Name of operation none Date of none

What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. J. Hunsford M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 97097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97097

54

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Wilhelm St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Schaefer

(a) Residence: No. 1802 Wilhelm St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Wm H. Schaefer

6. DATE OF BIRTH (month, day, year) Dec 1 881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Marshall Zimmerman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frank Schaefer

(Address) 1810 Wilhelm St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 8 19 36

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

[illegible] 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th 19 36

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 19 36 to Jan 6 19 36

I last saw h[illegible] alive on Jan 5 19 36 Death is said to have occurred on the date stated above, at 5a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cystitis	
Delirium	1/2/36

Other contributory causes of importance

Myocarditis
Hypostatic Pneumonia
Uremic Mellitus

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James K Kaufenberg M. D.

(Address) 721 Medical Arts

M. D. B. 1268-A E 97098 ✓ E 97098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3028 Abell Ave 12-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Rayland
(a) Residence: No. 3028 Abell Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm N. Rayland

6. DATE OF BIRTH (month, day, year) July 11th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	24 25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salty
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Henry W. Thompson
14. BIRTHPLACE (city or town) (State or country) London England

MOTHER
15. MAIDEN NAME Martha Powell
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Mattie Rayland
(Address) 3028 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 8th 193

19. UNDERTAKER Jos Cook & Son
(Address) 217 E. Lexington St

20. FILED JAN 8 - 1934 Huntington Indiana Ind. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th 1934

I HEREBY CERTIFY, That I attended deceased from December 18 1933 to Jan 5th 1934
I last saw h[illegible] alive on Jan 5th 1934 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Wilson S. Green M. D.
(Address) 787 W Colvert St

M. D. B. 12-40 E 97099 ✓ E 97099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No.) St. 3-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vincent Cozzi

(a) Residence: No. 223 South Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Maria Cozzi

6. DATE OF BIRTH (month, day, year) May 18 1863

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
70	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Innocenzo Cozzi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Graciosa Giannattasio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Massimo Cozzi
(Address) 5 N Albemarle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Sepulchre Date Jan 8, 1934

19. UNDERTAKER Lange & Pattison
(Address) 1535 Eastern Ave

20. FILED ... 19... Harrington Philbrook M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1934 to January 4, 1934

I last saw him alive on January 4, 1934 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Influenza	12-25-33
2. Bronchopneumonia - terminal	
3. Asthenia - exhaustion	
4. Cardiac hypertrophy + dil.	

Other contributory causes of importance:

1. Toxaemia
2. Jaundice - toxic.

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) S. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Spec.—1-10-21—MAT—1500 Blks. E 97100 ✓ E 97100

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5110 (Street) Greenwich Rd (WARD) 28-01

2.-FULL NAME Drusa C. Blakeney

(a) RESIDENCE NO. 5110 Greenwich Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Edward H. Blakeney

6 DATE OF BIRTH (month, day, and year): July 24, 1867

7 AGE: Years 66 Months 5 Days 11

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John B. Chenoweth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Barbara Ann Emrey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Camille Chenoweth

(Address) 5110 Greenwich Road.

15 Filed NOV 8 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 5, 1934.

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1923, to Jan 5, 1934.

that I last saw her alive on Jan 5, 1934

and that death occurred, on the date stated above, at 6.10 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Glomerular Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted? —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood Chemistry

(Signed) C. M. Heming, M. D.

11/5, 1934 (Address) Catonsville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: June 8 1934

20 UNDERTAKER: Harry H Witzke

ADDRESS: 4101 Edmondson Ave

Huntington Williams Inc

M. D. B. 1264 E 97101 ✓ E 97101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3613 Buena Vista Ave 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nancy J. Jowell

(a) Residence: No. 3613 Buena Vista Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Jowell

6. DATE OF BIRTH (month, day, year) Jan 9, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Daniel Jowell

(Address) 3613 Buena Vista Ave

18. BURIAL, CREMATION, OR REMOVAL Woodland Memorial Park Jan 8, 1934

19. UNDERTAKER Chenoweth & Love

(Address) 3615-17 Eastern Ave.

20. FILED JAN 10-1934 Harry Von Villas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1934 to Jan 5th, 1934

I last saw her alive on Jan 5th, 1934 Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1928
Mitral Regurgitation	

Other contributory causes of importance:

Name of operation — Date of —

Was (last confirmed diagnosis) by Autopsy? Yes

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Geo. W. Mungen M.D. M. D.

(Address) 401 N. 25th St.

E 97102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3520 Frederick Rd. St. 20-A Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Downs

(a) Residence: No. 3520 Frederick Rd. St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) Sept 12 1863

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME William Downs
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Winifred Murray
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Michael Downs
(Address) 434 S. Patterson Park Ave
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 8 1934
19. UNDERTAKER Frank V. Pipitone
(Address) 2815 E. Baltimore St
20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1933 to Jan 6 1934
I last saw him alive on Jan 6 1934 death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation Chronic Interstitial Nephritis Arterio Sclerosis Senility	
Other contributory causes of importance: Pulmonary Oedema	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Herbert C Peters M. D.
(Address) 2151 W Lanvale Ave

M. D. B. 1268 E 97103 ✓ E 97103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton ave St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vespasian Vespucci Baglioini

(a) Residence: No. 2553 Robb St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Assunta Baglioini

6. DATE OF BIRTH (month, day, year) Nov 2, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43 44	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME Francesco Baglioni

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Assunta Palluzzi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Sam Baglioni

(Address) 210 N. Rose st

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 9 1934

19. UNDERTAKER Frank V. Pipitone

(Address) 2518 E. Baltimore St

20. FILED Jan 9 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1933 to Jan. 5 1934

I last saw him alive on Jan. 5 1934 Death is said to have occurred on the date stated above, at 4.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Left Lower Lobe)	12/18/33
Other contributory causes of importance: Empyema (Left side)	?

Name of operation Thoracotomy Date of 1/1/34

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. Dunler M. D.

(Address) St. Agnes Hospital

M. D. R. 126

E 97104 ✓ E 97104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 N. Central Ave St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? 57 yrs. mos. ds.

2. FULL NAME Mary Cohalsic

(a) Residence: No. 930 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anthony Cohalsic

6. DATE OF BIRTH (month, day, year) Aug. 8 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER'S FATHER

13. NAME Joseph Thome

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Koontz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Marie Fitzpatrick

(Address) 930 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Jan. 9 1934

19. UNDERTAKER Feeney Brock & Sons Inc

(Address) 130 E Eager St

Filed Jan 11 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN - 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933 to Jan 6 1934

I last saw h alive on January 3rd 1934 Death is said to have occurred on the date stated above at a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	

Other contributory causes of importance:

Arterio-sclerosis + myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Schenuch M. D.

(Address) 133 S. Charles St.

M. D. B. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97105 E 97105

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Holroham Elliott

(a) Residence: No. 701 N. Howard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of May Wilson

DATE OF BIRTH (month, day, year) Sept 7 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME Wm. S. Elliott

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Ann S. Hext

16. BIRTHPLACE (city or town) (State or country) S. C.

INFORMANT E. D. Patterson

(Address) 1214 Garrett Bldg

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Jan 8 1934

UNDERTAKER Henry H. Jenkins Son Co

(Address) McCulloh & Orchard Sts.

FILED ..... 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6- 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Apoplexy	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Feller M. D.

Coroner

(Address) 739 Eastern Ave

Spec. 1-30—M. & T.—250 Blks.

E 97106

E 97106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 504 N. Payson St ST. 20-01 WARD)

2-FULL NAME Elmerah Ebenbach

(a) RESIDENCE NO. 204 N. Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Christopher Ebenbach.

DATE OF BIRTH (month, day, and year) Oct 19 1854

AGE	Years	Months	Days 16	If LESS than 1 day, hrs. or min.
	79.	2.	17.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ood

(b) General nature of industry, business, or establishment in which employed (or employer) None.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bedford - Pa.

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

Informant Mrs. Flossie A. Jones.

(Address) 504 N. Payson St.

Filed 1-8-1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2d 1934

17 I HEREBY CERTIFY, That I attended deceased from October 2nd, 1933, to January 5th, 1934, that I last saw her alive on January 4th, 1934, and that death occurred, on the date stated above, at 11:40 A.m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. E. Hammett, M. D.

Jan 8 1934 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery.

DATE OF BURIAL Jan. 8-1934.

20 UNDERTAKER Charles J. Schwab.

ADDRESS 505 N. Monroe St.

H. D. B. 1268-9

97107 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B-97107

CERTIFICATE OF DEATH

178-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Garage Oak-Wood Pl. 12-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward S.P. Bretherton

(a) Residence: No. Old Court Road St., Ward. Pikesville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel L. Bretherton

DATE OF BIRTH (month, day, year) Nov. 6, 1899

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Service Station

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. J.

13. NAME Edw. S.P. Bretherton

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Ann Crue

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs. Ethel L. Bretherton (Wife)
(Address) Old Court Rd. Randallstown

BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Jan. 9, 1934

UNDERTAKER John F. Kenny
(Address) 715 Light St.

FILED 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6-1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Carbon Monoxide - Gas Poisoning.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-6-1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John F. Weisner, M. D.
Coroner

(Address) 363 Poland Ave.

M. D. H. 1968-A E 97108 ✓ E 97108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6414 Park Heights Ave. Ward)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leah Isear

(a) Residence: No. 6414 Park Heights Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE Julius Isear

DATE OF BIRTH (month, day, year) Sept. 12, 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

13. NAME Simeon Lilienthal

14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

15. MAIDEN NAME Virginia Goodman

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Mrs. John Lutzel

(Address) 6414 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Beth. Mt. Hebrew Cem. Date Jany. 9, 1934

19. UNDERTAKER David Sondheim & Son

(Address) 902 Eutaw Place

20. FILED JAN 8 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1933 to Jan. 6, 1934

I last saw her alive on Jan. 6, 1934. Death is said to have occurred on the date stated above, at 7.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease —	Aug. 1933
Atherosclerosis —	
Other contributory causes of importance Edema Pulmonary	Jan. 6, 1934
Diabetes Mellitus	Aug. 1933

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? ..... No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Wm. Tremoloff M. D.

(Address) Levine Orders

Spec.—1-30—M. & T.—250 Blks.

E 97109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 97109

47

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Gorsuch Ave ST., 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Albert Trunk

(a) RESIDENCE NO. 1114 Gorsuch Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Martha A Trunk

DATE OF BIRTH (month, day, and year) May 23 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~None~~ 087

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Paul A Trunk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Martha A Trunk

(Address) 1114 Gorsuch Ave

Filed 1-10-1934 Wilmington, N.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7, 1934

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1933, to January 7, 1934.

that I last saw him alive on January 6, 1934.

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Cancer Stomach

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Carcinoma of right lung and metastasis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Albert P. Schenby M. D.

, 19 (Address) 2937 McElderry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Jan 10 1934

ADDRESS 1601 Hillen

UNDERTAKER Forest Byer

E 97110

Form 1-30—M. & T. 250

E 97110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5103 E. Monument St. 28-01 (WARD)

2-FULL NAME Martha A. Williams

(a) RESIDENCE NO. 5103 E Monument ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. F. Williams

DATE OF BIRTH (month, day, and year) Sept. 18, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	68	3	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

16 NAME OF FATHER F. W. Roesnick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ann Lovett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant B. F. Williams Jr.

(Address) 5035 Edmondson Ave

Filed ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 5, 1934.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1933, to Jan. 5, 1934,

that I last saw her alive on Jan. 5, 1934,

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Cassino, M. D.

1/8, 1934 (Address) 20 W Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 1/8 1934

20 UNDERTAKER Josiah Ifter

ADDRESS 1600 W. North Ave

M. D. P. E-97111 ✓ E 97111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 15-01

1. PLACE OF DEATH 2200 Poplar Grove ave.
CITY OF BALTIMORE: (No. 2200 Poplar Grove Ave St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah W. Snyder
(a) Residence: No. 2200 Poplar Grove ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. F. Snyder.

7. DATE OF BIRTH (month, day, year) June 5. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

13. NAME ? Griswold.

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Chester M. Snyder,
(Address) 2200 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date JAN 9 1934

19. UNDERTAKER Geo H Little
(Address) 2700 Edmondson Ave.

20. FILED [illegible]

NO 1923 [illegible]
NO 1361

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 2/34 . 19 . to Jan 6/34 . 19
I last saw her alive on Jan 6/34 . 19 . Death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage and paralysis	Jan 6/34
Other contributory causes of importance: myocarditis arteriosclerosis	4 days 1928

Name of operation none Date of
What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — . 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Walter Dietlet M. D.
(Address) 2220 Garrison ave

M. D. B. 1268-A E 97112 ✓ E 97112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U.S. Marine Hospital, Balto. Md. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 15-91 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Gary H. Leaverton

(a) Residence: No. 2212 Lyndhurst Ave., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret C. Hunt Leaverton

6. DATE OF BIRTH (month, day, year) Sept. 10, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2nd officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

FATHER

13. NAME Gary H. Leaverton

14. BIRTHPLACE (city or town) (State or country) Caroline Co. Maryland

MOTHER

15. MAIDEN NAME Mary Druff

16. BIRTHPLACE (city or town) (State or country) Kent Co. Maryland

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL JAN 9 1934
Place Parkwood Cem. Date 19

19. UNDERTAKER Geo H Little
(Address) 2700 Edmondson Ave.

20. FILED 19 Registrar

JAN 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1934, to Jan. 6, 1934

I last saw him alive on Jan. 6, 1934 Death is said to have occurred on the date stated above, at 1.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	2 mos.
	Jan 1
Other contributary causes of importance: Auricular fibrillation	unk.

Name of operation Clin. Lab. Findings Date of No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. I. Hart M. D.

(Address) U.S. Marine Hospital, Balto. Md.

H. D. R. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

97113

CERTIFICATE OF DEATH

219-001

E 97113

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Kennedy

(a) Residence: No. 1342 Division St St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances.

DATE OF BIRTH (month, day, year) May 23, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	9	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Frances Kennedy
(Address) 1342 Division St

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 5th 1934

UNDERTAKER Mrs Bolt A. Elliott
(Address) 1129 N. Caroline St

Huntington Williams Reg. M.D.
Registrar

FILED JAN 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 to 19

I last saw h alive on Injury 19 Death is said to have occurred on the date stated above, at 10:20 p m.

The principal cause of death and related causes of importance were as follows:

Crushed Chest

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/2 1934

Where did injury occur? Lexington & Cross Sts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by automobile while walking across the street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Tokarny M. D.
Coroner

(Address) 1200 E Madison St

M. D. B. 1268-9

E 97111 E 97114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 George St. 17-01 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Alexander Brown

(a) Residence: No. 808 George St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary E Brown

7. DATE OF BIRTH (month, day, year): 1861

AGE	Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME OF FATHER: Unknown

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Mary E Brown

(Address): 808 George St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudenwell Date: 1/8/34 19..

19. UNDERTAKER: Samuel T. Scuddle Jr.

(Address): 578 W Fayette St

Huntington Williams Registrar

20. FILED JAN 9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1933 to Jan 5 1934

I last saw him alive on Jan 4 1934 Death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiorenal complication	1933
Other contributory causes of importance:	
Uremia	Jan 3

Name of operation: None Date of: .....

What test confirmed diagnosis: Chemical tab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Macey Williams M. D.

(Address) 1530 Madison Ave.

E 97115

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97115

CERTIFICATE OF DEATH

165

Registered No. 6-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 145 N. Curley St. Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Mech

(a) Residence: No. 145 N. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Mech

DATE OF BIRTH (month, day, year) March 25, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	13 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Newark Md

13. NAME Charles Byrd

14. BIRTHPLACE (city or town) (State or country) Newark Md

15. MAIDEN NAME Lucinda Bradford

16. BIRTHPLACE (city or town) (State or country) Newark Md

INFORMANT Frederick Mech

(Address) 145 N. Curley St.

BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cemt. Date Jan. 9, 1934

UNDERTAKER George H. Zirkles

(Address) 1737 E. Eager St. Huntingtown Pittsburgh, Pa.

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at before 6 A. M.

The principal cause of death and related causes of importance were as follows:

Strangulation by hanging — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury . 19

Where did injury occur? 145 N. Curley (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury With rope to transom from

Nature of injury bet Dining room & Kitchen

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Hollen, M. D.
Coroner

(Address) 508 E. North Ave

M. D. B. 1268-9 E 97116 ✓ E 97116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John C. Hartman

(a) Residence: No. 305 N. Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Caroline Hartman

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	64	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Candy Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Hartman

14. BIRTHPLACE (city or town) " (State or country)

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Geo. H. La Crois, Friend (Address) Same

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Jan. 8, 1934

19. UNDERTAKER George F. Feldmeier (Address) 701 Fredrick Ave.

20. FILED 8-1934 Huntington, Md. Date ....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1934, to 1-5, 1934.

I last saw him alive on 1-5, 1934. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Pulmonary tuberculosis	
Tuberculosis pneumonitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milford H. Maechen M. D.

(Address) University Hospital

E 97117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 McHenry St. St. 20-A Ward)

Length of residence in city or town where death occurred 63 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ollie R. Streb.

(a) Residence: No. 1931 McHenry St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced (or) WIFE of: Frank Streb.

DATE OF BIRTH (month, day, year): December 4, 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	1	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: William H. McRee.

14. BIRTHPLACE (city or town) (State or country): Maryland.

15. MAIDEN NAME: Sarah R. Barrett.

16. BIRTHPLACE (city or town) (State or country): Maryland.

INFORMANT: Frank Streb. (husband)

(Address) 1931 McHenry St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan. 8, 1934

UNDERTAKER George P. Schmidt

(Address) 2001 Frederick Ave.

FILED Jan 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the right breast.	
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation Yes. Date of 1931

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M. Reinhardt, M. D. Coroner

1/5/34 (Address) 1017 St. Charles St.

H. D. B. 12[illegible]

E 97118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97118

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2440 Druid Hill Ave St., 13-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Vanlear

(a) Residence: No. 2440 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) April 28 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md.

13. NAME George Vanlear

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Maria Stewart

16. BIRTHPLACE (city or town) (State or country) md.

INFORMANT Hallie Cornish
(Address) 2440 Druid Hill ave

BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Jan 8 1934

UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St

Filed Jan 9 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5- 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Valvular disease of the Heart.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) H. Lee Hammett M. D.
Coroner

(Address) 36[illegible] Roland Ave

Spec.—8-1-29—L. F. S.—100 Bks. E 97119 Crawford E 97119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Augusta ST., 5-A WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lollie Crawford

(a) RESIDENCE NO. 207 Augusta ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 1865

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	68			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mr Stewart

(Address) 928 Dunbar Place

Date 1-8-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4-34

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Jan 4, 1934

that I last saw h[illegible] alive on Jan 4 1934

and that death occurred, on the date stated above, at 2 p m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Nephritis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Jan 4, 1934 (Address) 207 Augusta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Jan 8 1934
20 UNDERTAKER	ADDRESS
Thomas E. Kelson	1303 Preston St

E 97120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-21 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? 21 yrs. ..... mos. ..... ds.

2. FULL NAME Frank Sitich

(a) Residence: No. 1600 Bond St., Baltimore, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 5, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.B. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 9-12-33

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hohlenstadt
(State or country) Jugo Slavia

13. NAME Joe Sitich

14. BIRTHPLACE (city or town) Hohlenstadt
(State or country) J.S.

15. MAIDEN NAME Anna Moravich

16. BIRTHPLACE (city or town) Hohlenstadt
(State or country) J.S.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Cemetery Date 1-8-34 19...

19. UNDERTAKER Wendell & Humphreys
(Address) 847 W. Baltimore

20. FILED ..... 19... ..... Registrar

1-8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 4 1933 to January 5 1934

I last saw him alive on January 5th 1934. Death is said to have occurred on the date stated above, at 3:20 P m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	1-2-34
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical find. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) G.A. Abbott. M. D.

(Address) U.S. Marine Hospital, Balto.

Spec.—1-12-33—M&T—500 Blks.

E 97121

E 97121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 Poplar grove St., 16-01 WARD)

2-FULL NAME Charles W. Mahl.

(a) RESIDENCE NO. 620 Poplar Grove ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6 If married, widowed or divorced HUSBAND of (or) WIFE of Inez R. Mahl

DATE OF BIRTH (month, day, and year) Sept 5 - 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	0	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Conrad Mahl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie K. ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Inez R. Mahl

(Address) 620 Poplar Grove St

Filed JAN 8 - 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1933, to Jan 5 1934,

that I last saw h alive on Jan 5 1934,

and that death occurred, on the date stated above, at 11.24 p. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia and Grippe

(duration) no yrs. no mos 7 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage.

(duration) no yrs. no mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Sputum

(Signed) Raymond D. Klumm, M. D.

(Address) 701 Hungerford Bldg

Jan 6, 1934

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Jan 9 1934

UNDERTAKER J. J. Jackson & Sons

ADDRESS Balto

E 97122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 St Paul St. 12-01 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Duncan Bayle

(a) Residence: No. 3015 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edmunia Bayle

DATE OF BIRTH (month, day, year) Jany 5-1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) West Va

13. NAME James A Bayle

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Julia A Hooper

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Edmunia Bayle

(Address) 3015 St Paul St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Jan 9 1934

UNDERTAKER Wm. J. Tuckwell Inc

(Address) 1001 Park Ave

FILED Jan 9 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1933 to Jany 6 1934

I last saw him alive on Jany 6 1934 Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	1/6/34
Chr Myocarditis	1932
Other contributory causes of importance:	
Paralysis	1931
Arteriosclerosis	1931

Name of operation None Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Claude M. D.

(Address) 3015 St Paul St

E 97123

E 97123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.)

CITY OF BALTIMORE: (No.) St. 21-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Dougherty

(a) Residence: No. 327 Scott st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct. 27, 1884

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Scotland

13. NAME Patrick F. Dougherty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Tulley

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date 1/8 1934

19. UNDERTAKER J. Frahey & Son

(Address) 1318 Pratt st

Embalmer Williams

Registered

FEB 8 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1933 to January 2, 1934

I last saw him alive on January 2, 1934 Death is said to have occurred on the date stated above, at 7.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Unknown
Other contributory causes of importance:	
Pulmonary tuberculosis	April 1933

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 97124

E 97124 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 159

CITY OF BALTIMORE: (No.) St., 8-01 Ward. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Cosden

(a) Residence: No. 205 S.E. Hoffman St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Jan 7 1934

AGE: Years | Months | Days | If LESS than 1 day: 13 hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

13. NAME: David Cosden

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Rose Gluck

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Mt Carmel Date 1/8/34, 19

19. UNDERTAKER: Jul Levin Bros
(Address) 1134 E. Baltimore

20. FILED JAN 8 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1934 to Jan 7 1934. I last saw her alive on Jan 7 1934. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) H. H. Bourn M. D.

(Address) Balto City Hosp

H. D. B. 1268-9

E 92125

HEALTH DEPARTMENT—CITY OF BALTIMORE

97125

CERTIFICATE OF DEATH

XV 167

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew H Lang

(a) Residence: No. Chesaco Ave Govdale Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Emma M Amanda Lang

DATE OF BIRTH (month, day, year) July 27 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Amma M Lang

(Address) Chesaco Ave

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Jan 7 1934

UNDERTAKER Lilly & Zeller Inc

(Address) 403 1/2 E Monroe St

Hunt & Fox Williamsport Md

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 330 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatal Shot wounds of Head Suicide	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/5 1934

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury Fatal Shot of Head

Nature of injury Laceration of Brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) C. Pelham Ijams M. D. Coroner

(Address) 1211 N Fulton Ave

M. D. B. 1268-0

(Cheezum) E 97126

E 97126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 N. East ave St., 6-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma T. Cheezum

(a) Residence: No. 501 N. East ave St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles A. Cheezum

DATE OF BIRTH (month, day, year) Aug 30 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md

13. NAME James R. Bartlett

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT James R. Cheezum

(Address) 501 N East Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Jan 9 1934

UNDERTAKER Lilly & Zuber Inc

(Address) 1021 Fulton Ave

Filed Jan 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1933, to January 7, 1934

I last saw h.. alive on January 7, 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arter. Sclerosis	Unknown
Myocard. "	

Other contributory causes of importance:

Contract. of Bronchus	Jan 5 '34

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. Courtenay Cheezum M. D.

(Address) 2942 Eutaw Pl

M. D. B. 1268-0

E 97127

HEALTH DEPARTMENT—CITY OF BALTIMORE

97127

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., H-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Legal B. Kellon

(a) Residence: No. Maryland Hotel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 27, 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	44	1	11/10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Room Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Hotel

10. Date deceased last worked at this occupation (month and year) 12/28/33

11. Total time (years) spent in this occupation 10 Yrs.

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Benjamin Kellon

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Clarinda V. Buckley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Easton Md (Address) Retired City

18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Date Jan. 3 19 34

19. UNDERTAKER Easton Supply Co (Address) Retail City

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Jan 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934 to Jan 1 1934

I last saw him alive on Jan 1 1934. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Encephalitis Epidemic (a) Rheumatic Heart Disease — Date of onset: Now

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Langdale M. D.

(Address) Easton Md.

M. D. B. 1268-9

E 97128

97128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. No-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Starkey

(a) Residence: No. 3711 Mt. Pleasant Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Starkey

7. DATE OF BIRTH (month, day, year) Mar. 3-1897

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
36	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Earnest Schriber

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Susan Spencler

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT John Starkey

(Address) 3711 Mt. Pleasant Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Jan. 8, 34 19

19. UNDERTAKER John A. Muller

(Address) 2054 Jefferson St.

20. FILED ... 19 ... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 . 1933. to Jan. 6 . 1934

I last saw her alive on Jan. 6 . 1934 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Retroperitoneal sarcoma C metastases	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. A. Werner M. D.

(Address) Sinai Hospital

M. D. B 12684

E 97129

97129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Pinewood Ave. St. 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth?...yrs. ...mos. ...ds.

2. FULL NAME Louis Guise

(a) Residence: No. 3004 Pinewood Ave. St., ...Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Guise

7. DATE OF BIRTH (month, day, year) April 13-1856

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 603

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Delto. (State or country) Md.

13. NAME Louis Guise

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Bertha Guise

(Address) 3004 Pinewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Emanuel Cem. 1/8/34 19

19. UNDERTAKER Wm. F. Malster & Son

(Address) 1324 Park Ave.

20. FILED 1/8/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2. 1934 to Jan 5 1934

I last saw him alive on Jan. 5 1934 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 1/34

Other contributory causes of importance:

Acute dilatation of heart

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. L. Campbell M. D.

1/6/34 (Address) 1644 Hanover St

M. D. B. 1268-9

E 97130

HEALTH DEPARTMENT—CITY OF BALTIMORE

97130

CERTIFICATE OF DEATH

8/N

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Belnord Ave. St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank H. Jones

(a) Residence: No. 13 N. Belnord Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katie E. Jones

6. DATE OF BIRTH (month, day, year) Jan. 30-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Receiving Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 09

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jones

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Katie E. Jones

(Address) 13 N. Belnord Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Jan. 8, 34 19

19. UNDERTAKER M. C. Mullan & Son

(Address) 2[illegible] W. Lafayette Ave.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934 to Jan 5, 1934

I last saw h[illegible] alive on Jan 5 1934 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	?
Other contributory causes of importance Acute Bronchitis	Dur 10 days
Progressive Muscular Dystrophy	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alma B Lennard M. D.

(Address) 718 N Patterson Park Ave

M. D. B. 1268-9

E 97131

97131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ella Conway

(a) Residence: No. 3500 Berwyn Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of - Thos Conway

7. DATE OF BIRTH (month, day, year) Oct 3 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C[illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Texas, Md.
(State or country)

13. NAME Thomas Keating

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Honora Hennigan

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Bessie Conway

(Address) 3500 Berwyn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Jan 9 1934

19. UNDERTAKER H. C. Turner & Son

(Address) 405 W. Lafayette Ave Baltimore, Md.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/9/33 19..... to 1/7/34 19.....

I last saw h[illegible] alive on 1/7/34 19..... Death is said to have occurred on the date stated above, at 9:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendicitis	
Intestinal Obstruction	
Glomerular Nephritis	
Other contributory causes of importance:	

Name of operation Enterostomy Date of 12/20/33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. M. Woman M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 97132

HEALTH DEPARTMENT—CITY OF BALTIMORE

97132

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 25-301 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore R. Jones Pennington Ave Balto

(a) Residence: No. Curtis Bay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Jones (Deceased)

6. DATE OF BIRTH (month, day, year) Jan 5 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Island Md

13. NAME Theodore Jones Sr.

14. BIRTHPLACE (city or town) (State or country) Kent Island Md

15. MAIDEN NAME Margaret Elliott

16. BIRTHPLACE (city or town) (State or country) Kent Island Md

17. INFORMANT Friends

(Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Jan 8 19 34

19. UNDERTAKER John F. Young

(Address) 1712 Eight St

Huntington Williams Jr

19 Registrar.

20. FILED JAN 8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1934 to Jan 5 1934

I last saw him alive on Jan 5 1934 Death is said to have occurred on the date stated above, at 10:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, right	1 wk
Hypertension	-

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Rhagel M. D.

(Address) Balt City Hosp

M. D. B. 1268 E 97133

E 97133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-002

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No.) St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Mamie Sagel

(a) Residence: No. 2614 Creighton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Wilhelm Sagel

DATE OF BIRTH (month, day, year) Feb. 12 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 03

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Ernst Battmer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Schmatzer

16. BIRTHPLACE (city or town) (State or country) Hungary

INFORMANT Mrs. Erna Schafer

(Address) 2614 Creighton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date 1/9 19 34

UNDERTAKER E. D. Feamley & Son

(Address) 1936 E. Lafayette ave.

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 12 1933 to January 7 1934

I last saw h[illegible] alive on January 7, 1934 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hyperthyroidism	
2. Myocarditis	
Other contributory causes of importance:	
1. Cystitis	

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagueller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

pec.—8-16-29—L. F. S.—100 Bks.

E 97134

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97134

CERTIFICATE OF DEATH

82-001

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1538 Eutaw ST. 15-01 WARD)

2—FULL NAME Mame Goodson

(a) RESIDENCE NO. 1538 Eutaw St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? 1 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of -

DATE OF BIRTH (month, day, and year) 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40 Years			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Chesterfield Co Va

10 NAME OF FATHER: Thomas Gwin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Sway -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

Informant: Lillian Johnson

(Address) 1538 Eutaw St

Filed ... 19.. Registrar

1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933, to Jan 5, 1934,

that I last saw h alive on Jan 5, 1934

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 1 da.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) yrs. mos. 14 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. N. Luther M. D.

1/8, 1934 (Address) 1755 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morley Va

DATE OF BURIAL: 1-9 1934

20 UNDERTAKER: Thomas E Kelson

ADDRESS: 1307 Eutaw St

M. D. B. 1288-9

E 97135

97135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals 4-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5-9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Abalam Craddock
(a) Residence: No. 1607 Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 640
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Halifax Co Va

13. NAME Ida Craddock

14. BIRTHPLACE (city or town) (State or country) Halifax Co Va

15. MAIDEN NAME Louisa ?

16. BIRTHPLACE (city or town) (State or country) Halifax Co Va

17. INFORMANT Reeds
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Cem Date 9-2- 1934

19. UNDERTAKER Avery O Wilson
(Address) 1707 Pleasant Ave
Huntington Pulliams Reg. No.

20. Filed 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1933 to Jan 5 1934
I last saw alive on Jan 5 1934 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic & aortic insufficiency	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I D Nagel M. D.
(Address) Balt. City Hospitals

M. D. P. 1268-6

AE 97136

HEALTH DEPARTMENT—CITY OF BALTIMORE

97136

CERTIFICATE OF DEATH

V 23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) St. 12-C (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank John Martin (Martinez)

(a) Residence: No. 434 E. 23rd st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Portugal

13. NAME John Antone Martin

14. BIRTHPLACE (city or town) (State or country) Portugal

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Place Jacobs Date 1/8 1934

UNDERTAKER F. J. Fahey & Son
(Address) 1215 Eutaw Place

Registrar.

FI 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1932, to January 4, 1934.
I last saw him alive on January 4, 1934. Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1932
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. H. 1248-9

E 97137

97137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 E Biddle St St., 10-01 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Thomas Dolan

(a) Residence: No. 904 E Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of :

6. DATE OF BIRTH (month, day, year) April 15 66

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa

13. NAME Edw J Dolan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margt Moore

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Doyle

(Address) 904 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 9. 1934

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Lexington Ave

1934 Jan 8 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934 to Jan 6 1934

I last saw him alive on Jan 6 1934 Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	Unknown

Other contributory causes of importance:

Oedema of Lungs	30 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ...If so, specify ...

(Signed) Dr Bernard Wolfe M. D.

(Address) 1216 N Calvert St

H. D. B. 1268-9

E 97138

HEALTH DEPARTMENT—CITY OF BALTIMORE

97138

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2569 Frederick Ave. St. 30-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Nora Corbin

(a) Residence: No. 2569 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Corbin

DATE OF BIRTH (month, day, year) February 25, 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

13. NAME Harry T. Morris

14. BIRTHPLACE (city or town) Rochingham la
(State or country) Virginia

15. MAIDEN NAME Viola M. Taylor

16. BIRTHPLACE (city or town) Page County
(State or country) Virginia

INFORMANT Mrs. Hilda Brendel
(Address) 2746 Wilkens Ave.

BURIAL, CREMATION, OR REMOVAL
Place Louden Park Cemetery Date Jan. 10, 1934

UNDERTAKER Robert Cook
(Address) 1003 W. Baltimore St.

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1933 to January 6, 1934

I last saw her alive on . 19 Death is said to have occurred on the date stated above, at 9.20P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix with metastasis	
Other contributory causes of importance: Hypostatic congestion	3 days

Name of operation Date of

What test confirmed diagnosis? laboratory finding Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Darby M. D.

(Address) Medical Arts Building

D. P. 1268-9

E 97139

97139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 109

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 20-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret R. Seitz.

(a) Residence: No. 2507 W. Baltimore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced (a) HUSBAND of WIFE of Albert R. M. Seitz.

6. DATE OF BIRTH (month, day, year) November 7, 1893

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
40	1	29 28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

13. NAME Ulyses Leakins.

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

15. MAIDEN NAME Rose E. Roach.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Albert R. M. Seitz. (husband)

(Address) 2507 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Jan. 2 1934

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

20. FILED 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Abscess.	
Pericarditis.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Hospital Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M. Reinhardt M. D. Coroner

1/6/34 (Address) 1017 E. Charles St.

M. D. P. 1268-0

E 97140

97140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 53 yrs. ... mos. ... ds.

2. FULL NAME John Kelly

(a) Residence: No. 1712 Freemount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Teresa Kelly

7. DATE OF BIRTH (month, day, year) Aug 25, 1858

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	11	00

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick 09

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT J. Morris McCumiskey

(Address) Lake Cottage, Clifton Park

18. BURIAL, CREMATION, OR REMOVAL

Place Leakory, Md. Date 1/9 1934

19. UNDERTAKER Veron Lemmon

(Address) 764 Pulaski Hgts.

20. Filed ... 19... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1934 to Jan 6 1934

I last saw him alive on Jan 6 1934 Death is said to have occurred on the date stated above, at 3 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Bilateral)	
Other contributory causes of importance: Senility	

Name of operation ... Date of ...

What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Burns M. D.

(Address) Mercy Hospital

ACo. 3-11 2508

E 97141

97141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 W. Hamburg St.) (21-01 Ward)

Length of residence in city or town where death occurred 79 yrs. 4 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Catherine Brimmer

(a) Residence: No. 738 W. Hamburg St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Brimmer

DATE OF BIRTH (month, day, year) Sept 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Hester Wernath

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Emma O'Neill

(Address) 405 E Randall

BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 9 1934

UNDERTAKER Mr. Mrs John M. Teufel & Son

(Address) 801 W. Fayette St

Funeral Home Huntington Billings & Co

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932, to 1/6, 1934

I last saw her alive on 1/6, 1934, and death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs.
Nephritis	
(senile)	

Other contributory causes of importance:

Fractured hip 2 yrs ago

arthritis

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Brimmer M. D.

(Address) 122 W Lee St

H. D. R. 1268-9

E 97142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97142

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Gilmor St. 22-01 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Robinson

(a) Residence: No. 514 Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Robinson

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME OF FATHER James Jones

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Lucy Robinson

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Florence Mangus

(Address) 610 S. Green Street

BURIAL, CREMATION, OR REMOVAL

Place Mount Union Date Jan 10, 1934

UNDERTAKER Lusk & Sons

(Address) 22 W. Lanvale Street

Filed 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Fisher, M. D.
Coroner

(Address) 711 E. Eastern Ave.

D. H. 1268-9

ME 97143

97143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-001

Registered No. 8-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Casper H. Bailey

(a) Residence: No. 1705 N. Port St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of ------

7. DATE OF BIRTH (month, day, year) March, 31. 1886

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	5	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O+D

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Swoope Va.

13. NAME George Bailey

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Kaufman

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Catherine Dunlap

(Address) 1705 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 1/9 1934

19. UNDERTAKER Wm Cook & Son

(Address) 1217 E. Fayette St

20. FILED 1934 Huntington Pittsburgh, Pa.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 . 19 . to . 19

I last saw h alive on Jan 3 . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Purulent Meningitis	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/1 1934

Where did injury occur? Preston & Collington Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury Walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Cohen Coroner M. D.

(Address) 2402 E Madison St.

H. D. B. 1268-9

E 97144

97144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 124-002

Registered No. 27-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Evergreen Ave. Hamilton St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George H. Potee

(a) Residence: No. 2901 Evergreen Ave Hamilton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura F. Potee

DATE OF BIRTH (month, day, year) July. 13. 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	76	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George H Potee

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Sarah Rosche

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Norman Clark

(Address) 2901 Evergreen Ave. Hamilton

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan. 10th, 1934

UNDERTAKER Robert Brooks & Son

(Address) S.E. Cor Gilmor & Edmondson Sts.

FILED 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 | 8 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 37, 19... to Jan 8 37, 19...

I last saw him alive on Jan 8 37, 19... Death is said to have occurred on the date stated above, at 10 30 A.M.

The principal cause of death and related causes of importance were as follows:

Cirrhosis Liver — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry B. Scott M.D.

(Address) 1 W. Lafayette & Mott M.D.

M. D. B. 1268-B

E 97145

HEALTH DEPARTMENT—CITY OF BALTIMORE

97145

CERTIFICATE OF DEATH

172-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Lenox St. 13-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Meyer Wurthsurger

(a) Residence: No. 725 Lenox St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 11 1850

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Samuel Wurthsurger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Regina Z

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sol Rudofsky 2 E. Edmondson St

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem Date Jan 9 1934

19. UNDERTAKER Schaefer & Rawlinson Co

(Address) Huntington West Virginia

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1933 to Jan 8 1934

I last saw h... alive on Jan 7 1934 Death is said to have occurred on the date stated above, at 8 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	12/27/33
Other contributory causes of importance: Double inguinal hernia	4 Yrs

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) 720 W. Hoffman Ave

H. D. B. 1268-9

E 97146 ✓ E 97146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Sullivan

(a) Residence: No. 1726 Terrell Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) March 17, 1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Patrick Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Katherine Williams

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Katherine Kestler (Sister)

(Address) 1726 Terrell Place

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan. 9, 1934.

UNDERTAKER Engel Bros. Inc.

(Address) 1735 Hanford Ave.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Myocarditis	

Other contributory causes of importance:

Probable Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Hutton M. D.
Coroner

(Address) 108 E. Monument

M. D. B 1268

E 97147 Anthony ✓ E 97147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-004

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. H-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Anthony

(a) Residence: No. Mercy Hosp. Medical Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) 1-8-34

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1 hour		—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME John Wallace Anthony Jr

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Dorothy Louise Cook

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 9th 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1934 Wm. H. Tillman

J-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9-34

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 19 34, to 1-5, 19 34

I last saw him alive on 1-5, 19 34, Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Emil Novak M. D.

(Address) Mercy Hospital

M. D. B. 12[illegible]

E 97148

Mepham

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97148

CERTIFICATE OF DEATH

127

Registered No.

1. PLACE OF DEATH 3009 Presbury St., 16-01 Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign Birth? yrs. mos. ds.

2. FULL NAME Sadie M Mepham

(a) Residence: No. 3009 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard R. Mepham

6. DATE OF BIRTH (month, day, year) Feb 3rd 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Smith Thomas Martin

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sallie Thomas Thurston

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Leonard R Mepham

(Address) 3009 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 11th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 N. Fulton Ave

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1934 to January 8, 1934

I last saw h[illegible] alive on January 8, 1934 Death is said to have occurred on the date stated above, at 6:50 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset, Jan 8

Acute Gall Cholecystitis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip F. Lerner, M. D.

(Address) 1823 Moreland Ave.

ACo. 5-31 250M E 97149

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97149

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 155 Ensor Alley St. 11-01 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Essie James

(a) Residence: No. 155 Ensor Alley St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John James

DATE OF BIRTH (month, day, year) Dec 20 - 1875

6. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Wilbert Snead

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Adeline —

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Estelle James Jas
(Address) 155 Ensor Alley

18. BURIAL, CREMATION, OR REMOVAL
Place M Auburn Date Jan 10 1934

19. UNDERTAKER Sam'l W. Chase Son
(Address) 638 N. Gilmor

20. FILED Jan 10 1934 — [illegible], M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1934, to Jan 7 1934

I last saw her alive on Jan 3 1934 death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Broncho Pneumonia	1-2-34
b	
c	
d	

Other contributory causes of importance:

Cerebral Hemorrhage	1-5-34

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Estell M. D.
(Address) 710 N. Gilmor

D. B. 1265

E 97150

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97150

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 15-01 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Monroe

(a) Residence: No. 1808 Fleetman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Monroe

DATE OF BIRTH (month, day, year) Aug — 7

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Md.

12. NAME Anna Fileman

13. BIRTHPLACE (city or town) (State or country) Md

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Md

16. INFORMANT Samuel A Monroe

(Address) 1808 Fleetman

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 10 1934

18. UNDERTAKER Sam'l H. Chase & Son

(Address) 638 N. Gilmor

19. FILED Jan 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1934

22. I HEREBY CERTIFY, That I attended deceased from — 19— to — 19—

I last saw h— alive on — 19— Death is said to have occurred on the date stated above, at 6.30 a m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Ne Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) — M. D. Coroner

(Address) 1808 Fleetman St

D. B. 1268-9

E 97151

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97151

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Gold St., 14-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Dorsey.

(a) Residence: No. 505 Gold. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Geo Dorsey

DATE OF BIRTH (month, day, year): Aug 1-1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): St Mary Co Md

13. NAME: Saml Lawrence

14. BIRTHPLACE (city or town) (State or country): St Mary Co Md

15. MAIDEN NAME: Kittie Beale.

16. BIRTHPLACE (city or town) (State or country): St Mary Co Md

INFORMANT: Geo. Dorsey

(Address): 505 Gold

BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem Date: Jan 9 1934

UNDERTAKER: Thomas E. Nelson

(Address): 1303 Pennsylvania Ave

FILED: 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 5- 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Falk Coroner, M. D.

(Address)

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 37152

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

(Length) of residence in city or town where death occurred 1/12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alonzo Jenkins

(a) Residence: No. 132 N. Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5-28-1933

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Alonzo Jenkins

14. BIRTHPLACE (city or town) (State or country) N. C

15. MAIDEN NAME Eliz Alford

16. BIRTHPLACE (city or town) (State or country) S. C.

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Jan 9 1934

UNDERTAKER Robt F Williams
(Address) 1515 N. Eutaw St

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1934 to Jan 7 1934
That I last saw him alive on Jan 7 1934 Death is said to have occurred on the date stated above, at 1245 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	Dec 1933
Pulmonary Tuberculosis	"

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Arthur Kevan Hendricks M. D.
(Address) Johns Hopkins Hospital

D. B. 1934 E 97153 ✓ E 97153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 18-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelius Carter

(a) Residence: No. 919 Boyd St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Carter

DATE OF BIRTH (month, day, year)

6. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1.40

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mary Carter (Address) 919 Boyd St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/8 1934

UNDERTAKER Samuel F. Hudkins Sr (Address) 528 N Broadway

FILED 6-8 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ——— 19 ... to ——— 19 ...

I last saw h... alive on ——— 19 ... Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	

Other contributory causes of importance:

Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. Ferrara M. D. Coroner

(Address) 201 N Fulton Ave

M. D. B. 1269-6

E 97154

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97154

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1610 N. Saratoga St. 14-61 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Smith

(a) Residence: No. 1610 N Saratoga St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Norma Smith

7. DATE OF BIRTH (month, day, year) Don't Know

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year) 5 1 6 Dec 1933

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Mink Smith

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Agnes Carter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Norma Smith

(Address) 1610 N Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Albany Hartford Conn Date 1/9/34 19...

19. UNDERTAKER Lindsay J. Funeral Home

(Address) 518 N Eutaw St

20. FILED ... 19... ... Registrar.

9-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-30 1933 to 1-6 1934

I last saw h Her alive on 1-5 1934 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	12-30

Other contributory causes of importance:

High Blood Pressure
Artero Sclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H K Bruenech M. D.

(Address) 1115 N Saratoga St

M. D. B. 1268-9

E 97155 ✓ E 97155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4205 Belvieu Ave Washington Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Irene Gray

(a) Residence: No. 4205 Belvieu Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 2 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lucas Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Alex P. Gray

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Lewis Ann Isaacs

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Alexander P. Gray

(Address) 5119 Regent St Phila Pa

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem Date Jan 10 1934

UNDERTAKER Chas O. Mitchell & Sons

(Address) 1910 Eutaw Pl Baltimore Md

FILED 1/9/34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7 1934

22. I HEREBY CERTIFY, That I attended deceased from January 5 1934 to January 7 1934

I last saw h alive on January 7 1934 Death is said to have occurred on the date stated above, at 8 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/5/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Lerner M. D.

1/9/34 (Address) 1216 Eut Bldg Balto Md

D. B 1268-9

E 97156

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97156

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hosp. St. 16-91 Ward)

CITY OF BALTIMORE (No.

Length of residence in city (or town) where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Leroy West

(a) Residence: No. 1002 W. La Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male	Col	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mattie

6. DATE OF BIRTH (month, day, year) Dec 4 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	41	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

13. NAME OF FATHER John West

14. BIRTHPLACE (city or town) (State or country) Wash. D.C.

15. MAIDEN NAME OF MOTHER Mary Burton

16. BIRTHPLACE (city or town) (State or country) Wash D.C.

17. INFORMANT Mattie West
(Address) 1002 W La Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date 2/6/34 19

19. UNDERTAKER Mrs. Hugo H. Kellar
(Address) 1524 Eutaw Place

19 34 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h.. alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	2 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Quirk M. D.
Coroner

(Address) .....

M. D. B. 1268-9 E 97157 ✓ E 97157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78700 Med. 131

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 11-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Black

(a) Residence: No. 216 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook 021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) / 11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Amsted Black

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Julia Carter

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/10/ 34

UNDERTAKER Mrs. George H. Kollas

(Address) 1411 Druid Hill Ave

FILED 1-10 1934 Henry Forster Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-7-, 1934, to 1-7-, 1934

I last saw her alive on 1-7-, 1934. Death is said to have occurred on the date stated above, at 11:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & hypertension	1930 ±
Arteriosclerotic Nephritis	1932 ±
Cardiac dilatation & failure	1933 ±
Uremia	

Other contributory causes of importance:

Mitral insufficiency, rheumatic	?
Vascular retinitis	
Secondary anemia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no, If so, specify

(Signed) Joel J. Bergmeyer M. D.

(Address) Johns Hopkins Hospital

M. D. B. 126-4 E 97158 ✓ E 97158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 43-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Carrington

(a) Residence: No. 2332 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Daniel Carrington

DATE OF BIRTH (month, day, year) ? 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George Norris

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Susannah ?

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 1/9/34 19

UNDERTAKER Mrs. George E. Holland

(Address) 631 Lemmon St.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1933 to Jan. 6, 1934

I last saw her alive on Jan 6, 1934 Death is said to have occurred on the date stated above, at 4:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Arteriosclerosis	? ?
Other contributory causes of importance: Old Hemiplegia, Left Side & old Cerebral Hemorrhage, ?	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. P. Magee, M. D.

(Address) Balt. City Hosp.

D. B. 1265-9

✓ 2306 E 97159

E 97459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 N. Smallwood St., 8th Ward)

Length of residence in city or town where death occurred 13 yrs. — mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

1. FULL NAME Dora Shapiro

(a) Residence: No. 1720 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Rubin

6. DATE OF BIRTH (month, day, year) 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Morris E. Friedman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Pinkus Shapiro

(Address) 704 Whitelock st

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lucas Date Jan 9 19 34

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balt st

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Jan 7th 1934

I last saw her alive on Jan 7 1934 Death is said to have occurred on the date stated above, at 6.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and Arteriosclerosis	?

Other contributory causes of importance: Acute cardiac dilatation

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw Pl

D. B. 1268-0

E 97460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97460

108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1445 Lawson St., 2nd Ward)

Length of residence in city or town where death occurred 50 yrs. ~ mos. ~ ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

FULL NAME Gustav Reichenberg

(a) Residence: No. 1445 Lawson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed or divorced WIFE of (or) HUSBAND of Anna Malinoski

6. DATE OF BIRTH (month, day, year) Sept 19 1863

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
70	70	3	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Germany

11. NAME Gustav Reichenberg

12. BIRTHPLACE (city or town) (State or country) Germany

13. MAIDEN NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. INFORMANT Mrs Fanny Reichenberg

(Address) 1445 Lawson St

16. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date Jan 11, 1934

17. UNDERTAKER Chas F. Stevens

(Address) 1501 E Fort Ave

FILED 6 JAN 34 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1934 to Jan 5 1934

I last saw h alive on Jan 4th 1934 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis — Date of onset

Other contributory causes of importance: Senile Debility Heart disease and Cedema of Lungs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. J. Tucker M. D.

(Address) 114 N. Mulberry

M. D. B. 1268-9

97161

HEALTH DEPARTMENT—CITY OF BALTIMORE

93E 28 97161

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nelia Mantz
(a) Residence: No. 3814 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John S Mantz (Dead)

DATE OF BIRTH (month, day, year) Sept 27 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	3	1311	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Nelia Bowen
14. BIRTHPLACE (city or town) Baltimore
(State or country)
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) ?
(State or country)

INFORMANT Records Balt City Hosp
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Jan. 11, 1934

UNDERTAKER J. E. Milby & Son
(Address) 2334 Jefferson St.

FILED JAN - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1933 to Jan. 8, 1934. I last saw h[illegible] alive on Jan. 8, 1934. Death is said to have occurred on the date stated above, at 4:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease, hypertensive	?
Arteriosclerosis	?
Auricular fibrillation	
Terminal Thrombosis	
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No ..... If so, specify .....

(Signed) J. P. Magill M. D.
(Address) Balt City Hosp

H. D. B. 1968-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97162 E 97162

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 McElderry St. 5-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Jackson

(a) Residence: No. 1216 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 18th 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edward Jackson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Bettie Oakley

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Gertrude Jackson

(Address) 1216 McElderry St

BURIAL, CREMATION, OR REMOVAL

Place Bay View Cem. Date 1-10th. 1934

UNDERTAKER Byron Thomas & Wright

(Address) 1218 McElderry St

FILED JAN 9 - 1934 Health Commissioner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933 to Jan 5 1934

I last saw her alive on Jan 5 1934. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Nov 1933
Secondary Anemia	Nov 1933
uremia Coma	
Myocarditis and Hypertension	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address)

D. B. 1268-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97163

97163

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 E. Biddle St. 10-01 Ward)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida E. Evans

(a) Residence: No. 725 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel W. Evans

DATE OF BIRTH (month, day, year) Feb. 16, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Benjamin Rhoden

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Margaret Pfaff

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mr. A. F. Evans

(Address) 332 Roselin Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan. 9 19 34

UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Pa Ave.

FILED JAN 9 1934 19 Registrar

2149

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 . 1932 to June 6 . 1934

I last saw h.. alive on June 6 . 1934 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Stevens M. D.

(Address) 336 Bayford Ave

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97164 E 97164

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1625 E. Northern Ave. (Ward) 8-01

Length of residence in city or town where death occurred 64 yrs. 6 mos. 25 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Catherine Holtzmann

(a) Residence: No. 1625 E. Northern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 13, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George Holtzmann Dryer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Rein

16. BIRTHPLACE (city or town) (State or country) Schriesheim Germany

INFORMANT Mrs Louise Holtzmann

(Address) 1625 E. Northern Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan 9. 1934

UNDERTAKER Wm H. Keyser Sons

(Address) North & Laurens

FILED — 19— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26 1933 to Jan 7 1934

I last saw h alive on Jan. 6 1934. Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach.	7/1933

Other contributory causes of importance:

Exhaustion.

Name of operation Exploratory laparotomy Date of Aug. 33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm Schmick M. D.

(Address) 701 N. Fremont Ave.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97165 E 97165

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Dorchester Rd St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Theodore Schindler Jr

(a) Residence: No. 3500 Dorchester Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen L. Schindler

DATE OF BIRTH (month, day, year) May 22 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Casualty Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME OF FATHER William T. Schindler

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME OF MOTHER Augusta E. Walter

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

INFORMANT Theodor Schindler
(Address) 3500 Dorchester Rd

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Jany 9. 1934

UNDERTAKER J. Frickner Sons
(Address) North Ave

Huntington Ave Registrar

FILED JAN 9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1933 to January 6 1934

I last saw him alive on January 6 1934 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Cardiac Hypertrophy	1930
Thrombosis	1933

Other contributory causes of importance:

Coronary Thrombosis	1/6/34

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) William T. Schindler M. D.

(Address) 6 East Biddle St

L. D. B. 1268-9

97166 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 97166

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH — St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton ave St. 28-01 Ward) — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sister Mary Frances Coyle

(a) Residence: No. Mt Hope Retreat, Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 23, 1865

AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
68	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister of Charity

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1865

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Phila.
(State or country) Pa.

13. NAME James Coyle

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Bradley

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Sister Clothilde

(Address) Mt. Hope Retreat

BURIAL, CREMATION, OR REMOVAL

Place Mt. Hope Cems. Date Jan 10/34 19

UNDERTAKER Stuart & Mowen Company

(Address) 108 W. North Avenue

JAN 9 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1934 to Jan 8, 1934

I last saw her alive on Jan 8, 1934 Death is said to have occurred on the date stated above, at 3 20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	1/6/34
Other contributory causes of importance: Enterostomy	1/8/34

Name of operation Enterostomy Date of 1/8/34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John A. Dunlea M. D.

(Address) St. Agnes Hospital

D. B. 1268-8 E 97167

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97167

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Mens Home

CITY OF BALTIMORE: (No.) 1400 W Lexington St. 14-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W Hodges

(a) Residence: No. 1400 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 24 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ca. Co. Md

13. NAME OF FATHER Charles Hodges

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Ann Howard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E Forestal
(Address) 1400 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Dardanelle Md Date Jan 10, 1934

19. UNDERTAKER F Kenny Kelly
(Address) 1521 Hollins St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1933 to Jan 8, 1934

I last saw him alive on Jan 8, 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	?
Arteriosclerosis	?
Other contributory causes of importance:	
Senile Psychosis	12/33

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edwin P Jones M.D.

(Address) 1115 St. Paul St. Md.

D. B. 1268-9

7168 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 97168

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3029 Guilford Ave. St., 12-04 Ward)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ada White

(a) Residence: No. 3029 Guilford Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac H. White

6. DATE OF BIRTH (month, day, year) Aug. 22, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	15 16	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Robert T. Forsyth

13. BIRTHPLACE (city or town) (State or country) Md.

14. MAIDEN NAME Harriett A. Smith

15. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

16. INFORMANT Mr. Isaac H. White
(Address) 3029 Guilford Ave.

17. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Jan 10, 1934

18. UNDERTAKER John F. Dodey
(Address) 15 Light St

19. FILED JAN 9 - 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933 to Jan 7, 1934

I last saw her alive on Jan. 7, 1934 Death is said to have occurred on the date stated above, at 12.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage sudden	
Other contributory causes of importance: Cerebro Sclerosis Chronic Nephritis	Indefy

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. Ethelbert Cole M. D.

(Address) 1152 N. Eutaw St.

E 97169 HEALTH DEPARTMENT—CITY OF BALTIMORE E 97169

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

1-PLACE OF DEATH

of BALTIMORE: (No. 1634 E. Chase St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augustine Cacano

(a) RESIDENCE NO. 1634 E. Chase St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Color or Race: male white

4 Single, Married, Widowed, or Divorced, (write the word): married

married, widowed, or divorced WIFE of HUSBAND of (or): Baldassare Cacano

5 DATE OF BIRTH (month, day, and year): aug. 17, 1878

6 Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
55 56	4	19.	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town): Italy

(State or country)

9 NAME OF FATHER: Leonardo Cacano

BIRTHPLACE OF FATHER (city or town): Italy

(State or country)

MAIDEN NAME OF MOTHER: Anna Anglia

BIRTHPLACE OF MOTHER (city or town): Italy

(State or country)

Informant: Mary Spedalere

Address: 1634 E. Chase St

Filed ... 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: January 7 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1932, to January 7, 1934, that I last saw h...s... alive on January 7, 1934, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

Hypertension

Cerebral Hemorrhage

(duration) 1 1/2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Hypertension

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Edward Mezzanotte, M. D.

, 19 (Address) 2942 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: 1/10 1934

20 UNDERTAKER: Richard F. Hanley — ADDRESS 700 E. Natt...

D. B. 1268-9

E 97170

HEALTH DEPARTMENT—CITY OF BALTIMORE

97170

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 S. East Ave St. 76-01 Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James L. Weaver

(a) Residence: No. 603 S. East Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth M. Weaver

6. DATE OF BIRTH (month, day, year) Aug. 27-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transportation
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER David J. Weaver

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Sarah Kline

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. E. Weaver

(Address) 603 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date Jan. 10 19 34

19. UNDERTAKER Frederick Ecker & Son

(Address) 7401 Belair Road

FILED Jan 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 19 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1934 to Jan 7 1934

I last saw h. alive on Jan 7 1934 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	August 1933
Other contributory causes of importance: Acute Edema of Lungs	1/6/34

Name of operation ..... Date of .....

What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2739 Eastern Ave.

Co. S.D. 2908

E 97171

7171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 837 Wellington St. 13-81 (Ward)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME William Henry Hofferbert

(a) Residence: No. 837 Wellington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced
HUSBAND of (or) WIFE of Lillian Hofferbert

ATE OF BIRTH (month, day, year) Nov. 5th 1867

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) Jan 2nd 1934

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

3. NAME Philip Hofferbert

4. BIRTHPLACE (city or town)
(State or country) Germany

5. MAIDEN NAME Louisa Leyhe

6. BIRTHPLACE (city or town)
(State or country) Germany

NFORMANT Mrs Lillian Hofferbert

(Address) 837 Wellington St.

BURIAL, CREMATION OR REMOVAL

Pl Parkwood Cemetery Date Jan 11 1934

NDERTAKER Frederick Lassahn Sons

(Address) 7401 Belair Road

ILED Jan 10 1934 Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1934, to Jan 8, 1934

I last saw h alive on Jan 7 1934 death is said to have occurred on the date stated above, at 1245a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 7/34
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Dreuerin M. D.

(Address) 846 W 36 St. Balto Md

H. D. B 1268-9

E 97172

97172 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 3 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Leon Starling (Alex L.)

(a) Residence: No. Kensington, Md. St., ... Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Leon

DATE OF BIRTH (month, day, year) 1894

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

BIRTHPLACE (city or town) (State or country) Kensington, Md.

13. NAME Mr Leon

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mr Leon

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Amos Leonard

(Address) 1418 Druid Hill Ave

BURIAL, CREMATION, OR REMOVAL

Place National MS Date Jan 9 1934

UNDERTAKER Randall & Pigott

(Address) 300 East Eager St

Filed ....., 19.... ....., Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-21-33, 19...., to 1-4-34, 19....

I last saw him alive on 1-4-34 19.... Death is said to have occurred on the date stated above, at 2.51 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Epilepticus	

Other contributory causes of importanre:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homicide? .... Date of injury ...., 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) William Neal Rose M. D.

(Address) Provident Hospital

M. D. B. 1268 E 97173 E 97173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME Mary Sparks

(a) Residence: No. 111 E Vincent St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Record

DATE OF BIRTH (month, day, year) 1870

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Under Ga. Md.

13. NAME Mr Record

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mr Record

16. BIRTHPLACE (city or town) (State or country)

INFORMANT .....

BURIAL, CREMATION, OR REMOVAL Interred and buried Sacred Heart

Place Mount Olivet Cem. Date June 9 1934

UNDERTAKER Wm. J. Powell & Son

(Address) 1510 Eagle St.

FILED June 11, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11-19-33, 19..., to 1-5-34, 19...

I last saw him alive on 1-5-34, 19... Death is said to have occurred on the date stated above, at 2½ A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Leigh Rogers, M. D.

(Address) President Hospital

1934

M. D. B. 1268-9

E 92174

HEALTH DEPARTMENT—CITY OF BALTIMORE

92174

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1517 Eden St., 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Bothune

(a) Residence: No. 516 Pierce St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 1874

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59 40	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) N C

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Timothy Bolling

(Address) 918 Pierce

BURIAL, CREMATION, OR REMOVAL

Place Johnson County Date 1-9 1934

UNDERTAKER Walter E. Speiz

(Address) 534 W. Hamburg Street

Huntington Williams M.D. Registrar.

FILED 1-9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6- 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1934 to Jan 6 1934

I last saw him alive on 1-6-34 1934. Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency — Date of onset Unknown

Other contributory causes of importance:

Goiter — Unknown

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, Specify —

(Signed) J. B. Boykin M. D.

(Address) 1517 Eden

D. H. 1268-0

E 97175

97175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 McCubbin St., 6-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Harris

(a) Residence: No. 1730 McCubbin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored.	Child.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 10-30-33

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	8 9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME ~~Jesse Walter Harris~~ Walter Thomas

13. BIRTHPLACE (city or town) (State or country) Petersburg. Va.

15. MAIDEN NAME Sarah Harris.

16. BIRTHPLACE (city or town) (State or country) Petersburg Va.

INFORMANT Grand Father

(Address)

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Jan 9 1934

UNDERTAKER [illegible]

(Address) [illegible]

Filed JAN 10 1934 [illegible] Registrar.

0.020 * OCT 34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-30-1933 to 1-8-1934

I last saw him alive on 1-8-1934. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Inguinal Hernia (strangulated ?)	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J. Terry Burger M. D.

(Address) Harriet Lane Home. J. H. H.

E 97176

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97176

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Marshall St. 23-01 Ward)

Length of residence in city or town where death occurred yrs. 4 mos. 22 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME George Edw. Hardesty.

(a) Residence: No. 1523 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 17 1929

7. AGE	Years	Months	Days 21	If LESS than 1 day, hrs. or min.
		4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Samuel Hardesty

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Thelma Hause

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Samuel Hardesty

(Address) 1523 Marshall St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 1-10 1934

19. UNDERTAKER E & B Karle

(Address) 115 S Nigel St

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1934 to Jan. 8 1934

I last saw him alive on Jan. 8 1934 Death is said to have occurred on the date stated above, at 230 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo Colitis	1/6/34
Exhaustion	1/8/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Were an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. C. Carnevale M. D.

1/9/34 (Address) 1644 Hanover St

E 97177

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97177

CERTIFICATE OF DEATH

Registered No. 169

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) John Hopkins Hospital St., 6-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? 5 yrs. mos. da.

2. FULL NAME Etta Polotnick

(a) Residence: No. 1528 E Balto. St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Wolve Polotnick

6. DATE OF BIRTH (month, day, year)

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Russia

12. NAME Not known

13. BIRTHPLACE (city or town) (State or country) Russia

14. MAIDEN NAME Not known

15. BIRTHPLACE (city or town) (State or country) Russia

16. INFORMANT Hospital Records
(Address)

17. BURIAL, CREMATION, OR REMOVAL Place At Carmel Date 1/9/34, 19

18. UNDERTAKER Jack Levin Funeral Home
(Address) 1438 E. Baltimore St

19. FILED 1/10, 1934 Signature of Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3:19 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Jan 7, 34
Fracture Skull
Injuries

Other contributory causes of importance:
Senility Dementia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Jumped from a Stairway

Manner of injury in Hopkins Hospital

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Carter, M. D.
Coroner

(Address) 501 E North Ave

D. B. 1268-0

E 97178

HEALTH DEPARTMENT—CITY OF BALTIMORE

97178

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Park Heights & Slade Ave Ward) 25-21

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fredrika Cohen

(a) Residence: No. New York N.Y. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cohen

DATE OF BIRTH (month, day, year) Aug 5, 1851

AGE	Years	Months	Days	If LESS than 1 day.... hrs. or min.
	82	5	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) New York
(State or country) N.Y.

13. NAME Joseph Wolf

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Germany

INFORMANT Mrs. Harry B. Wolf

(Address) 16 Hyde & Slade Ave

BURIAL, CREMATION, OR REMOVAL

Place New York N.Y. Date Jany. 10. 1934

UNDERTAKER Harid Lindeblom & Son

(Address) 1902 Eutaw Place

FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1933 to January 8th 1934

I last saw h[illegible] alive on January 8th 1934. Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-Renal disease	
Diabetes	5 years.
Other contributory causes of importance:	
Pulmonary Edema	3 days.

Name of operation None Date of [illegible]

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michael A. Hranac M. D.

(Address) 2360 Eutaw Place

B 1268-9

E 97179

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97179

CERTIFICATE OF DEATH

108 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Provident Hospital St. 18-01 (Ward)

th of residence in city ... where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Katherine Lied

(a) Residence: No. 1910 W Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
om	Col	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Aug 19-1933

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4		19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

IRTHPLACE (city or town) (State or country) Md

NAME David Lied

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Annie Bedneck

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Annie Lied
(Address) 1910 W Saratoga

RIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 9, 1934

NDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder Ste

LED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H Lynch Coroner M. D.

(Address) Baltimore

F. D. B. 1268-9

E 97180

E 97180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 89-601.

1. PLACE OF DEATH Provident Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 19 St., Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lucy McCutchen

(a) Residence: No. 1511 W Lexington St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 3, 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	9	2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Seneca S. Carolina

13. NAME Wm McCutchen

14. BIRTHPLACE (city or town) (State or country) Dryden S. C.

15. MAIDEN NAME Fannie Singleton

16. BIRTHPLACE (city or town) (State or country) Dryden S C

INFORMANT Wm McCutchen

(Address) 1511 W Lexington.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 9, 1934

UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder Ste.

FILED Jan 9, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933 to Jan 5, 1934

I last saw h alive on Jan 5, 1934 Death is said to have occurred on the date stated above, at 5-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cystic Tuberculitis of Meninges + Temporal Bone	1 yr.

Other contributory causes of importance:

Suppurative Mastoiditis

Name of operation Radical Mastoidectomy Date of Jan 5

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bradham Tyson M. D.

(Address) Provident Hospital

B 1268-9

E 97181

HEALTH DEPARTMENT—CITY OF BALTIMORE

7181

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 644 Eisten St. 22-61 Ward)

th of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Daisy Workman

(a) Residence: No. 644 Eisten St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

married, widowed, or divorced
HUSBAND of
or) WIFE of William Workman

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) S. C

NAME E. Walker

BIRTHPLACE (city or town) (State or country) S.C.

MAIDEN NAME Etta Jones

BIRTHPLACE (city or town) (State or country) S.C.

ORMANT Wm. Workman

(Address) 644 Eisten St

RIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1/9 1934

DERTAKER Chas L. Cooper

(Address) 3147 N. Calhoun St.

Hampton Virginia N.J.

LED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5- 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Eugene Gilbert M. D.
Coroner

(Address) 1127 Eastern Ave

E 97182

F. D. B. 1268-0

97182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

1. PLACE OF DEATH Franklin Square Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 22-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carl Lee

(a) Residence: No. 604 Green St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Actor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Theatre

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Jan 9, 19 34

UNDERTAKER .....
(Address)

FILED ..... Huntington Pollitt, Registrar.

1024 0021

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1933 to 1-9, 1934

I last saw h alive on 1-8, 1934 Death is said to have occurred on the date stated above, at 5 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	
Right side and	
left base	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S Ruben, M. D.

(Address) Franklin Sq. Hosp

H. D. B. 1268-9

E 97183

97183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1822 Fleet St. St. 2-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Seweryn Kisielewski

(a) Residence: No. 1822 Fleet St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 6 1836

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Peter Kisielewski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mrs. Radziminska Daughter

(Address) 1822 Fleet St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan. 10. 1934

UNDERTAKER F. Wozniacki

(Address) 1930 Eastern Ave.

1934 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1930 to Jan. 7, 1934

I last saw h.. alive on Jan. 7, 1934 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1/6/34
Other contributory causes of importance: Chronic Nephritis & Hypertension	1/6/30

Name of operation None Date of

What test confirmed diagnosis? P.M. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Zawistowski M. D.

(Address) 1805 Eastern Ave

M. D. B. 1268-9

E 97184

7184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 Mt. Hope Ave St. 24-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. — mos. — ds. How long in U. S. If of foreign birth? 66 yrs. — mos. — ds.

2. FULL NAME Emelie C. Fondrat

(a) Residence: No. Mt. Hope St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) — 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) unknown

12. NAME Pierre Fondrat

14. BIRTHPLACE (city or town) (State or country) Burgundy France

15. MAIDEN NAME Josephine Ranquenet

16. BIRTHPLACE (city or town) (State or country) Paris France

INFORMANT Hospital Record

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 1/10 1934

UNDERTAKER Henry P. Meyer & Son

(Address) 50 N. Calvert St.

FILED Jan 10 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1934

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to Jan 8, 1934

I last saw her alive on Jan 8, 1934. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Jan 1 1934
Parenchymatous Nephritis	
Senile Psychosis	1924

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hull M. D.

(Address) 221 Mt Hope Ave

D. B. 1268-9

ME 97185

HEALTH DEPARTMENT—CITY OF BALTIMORE

7185

CERTIFICATE OF DEATH

V 210-001

PLACE OF DEATH

Registered No. 210-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St Agnes Hospital St., Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Robert L. Murphy

(a) Residence: No. 324 S Patterson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

ATE OF BIRTH (month, day, year) July 10, 1921

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	5	20/28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto Md

2. NAME Louis C. Murphy

4. BIRTHPLACE (city or town) (State or country) Balto

5. MAIDEN NAME Sadie Dodd

6. BIRTHPLACE (city or town) (State or country) Balto

NFORMANT Louis C. Murphy

(Address) 320 S Patterson St

URIAL, CREMATION, OR REMOVAL

Pla[illegible] Date Jan. 11, 1934

NDERTAKER George L. Lohmeyer

(Address) 701 W Baltimore St

1934 Huntington Williams M.D.

ILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 8, 19 to Jan 8, 19

I last saw h alive on Jan 8, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures
Internal Injuries

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 8, 1934

Where did injury occur? Baltimore St. nr Elliott Driveway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Auto Accident

Manner of injury Struck by automobile bus

Nature of injury While riding skating on street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Sloan M. D. Coroner

(Address) 2200 E Monument St

D. B. 1268-9

E 92186

92186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 503 E. 41st St., 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate Florence Pryor

(a) Residence: No. 503 E. 41st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mark W. Pryor

DATE OF BIRTH (month, day, year) Feb. 11th, 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): City

13. NAME Felix Wilson

14. BIRTHPLACE (city or town) (State or country): City

15. MAIDEN NAME Florence Cole

16. BIRTHPLACE (city or town) (State or country): City

INFORMANT Mark W. Pryor
(Address) 503 E. 41st St.

BURIAL, CREMATION, OR REMOVAL
Place Oakleaves Cemetery Date 1/10/ 1934

UNDERTAKER E. J. Fanning & Son
(Address) 1938 E. Lafayette Ave.

FILED 1934 Thurston Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1933 to Jan 7 1934

I last saw h[illegible] alive on Jan 7 1934 Death is said to have occurred on the date stated above, at 12 02 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation Heart	½ hr
	4 yrs
	Chronic

Other contributory causes of importance:

Arteriosclerosis	3 yrs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Wheaton M. D.

(Address) 1309 York Rd

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 7187

CERTIFICATE OF DEATH

7187

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

28-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4504 Maine Avenue St., ... Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Eugene F. Hoopes Sr.

(a) Residence: No. 4504 Maine Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie D. Hoopes

6. DATE OF BIRTH (month, day, year) June 17 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholsale Wools &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metals 045
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Benj. F. Hoopes

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Frances McCallister

16. BIRTHPLACE (city or town) (State or country) Pikesville M Md.

17. INFORMANT Annie D. Hoopes
(Address) 4504 Maine Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Jan. 11. 1934

19. UNDERTAKER Harry K Armacost & Sons
(Address) 4204 Ridgewood Ave.

Huntington Pottsville N.Y.

1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 5 . 1934 to Jan 9 . 1934

I last saw h alive on Jan 9 . 1934 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset Jan 5

Other contributory causes of importance:

Myocarditis 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. C. Smith M. D.

(Address) 4509 Liberty Hgts. Ave

1-30—M. & T.—250 Blks

E 97188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7188 × 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE. (No.) 1722 E. Chase ST. 801 (WARD)

FULL NAME Richard Jackson

RESIDENCE (No.) 1722 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Norfolk Va

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Negro	Widower

(If married, widowed, or divorced) (HUSBAND of) (WIFE of) Mamie Jackson

DATE OF BIRTH (month, day, and year) — — 1868

Years	Months	Days	If LESS than 1 day, hrs. or min.
65	—	—	

OCCUPATION OF DECEASED

(Trade, profession or particular kind of work) Shoemaker

(General nature of industry, business, or establishment in which employed (or employer))

(Name of employer)

BIRTHPLACE (city or town) (or country) Norfolk Richmond Va.

NAME OF FATHER Robert Jackson

BIRTHPLACE OF FATHER (city or town) (state or country) Richmond Va.

MAIDEN NAME OF MOTHER Lucie Carleton

BIRTHPLACE OF MOTHER (city or town) (state or country) North Carolina

Informant (address) James Brown 1722 E. Chase St.

Filed JAN 9 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 7 '34

17 I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1933 to Jan. 7, 1934.

that I last saw him alive on Jan 7, 1934.

and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebro Thrombosis - Chronic Nephritis

Apoplexy

Duration yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Wm. L. Powell, M. D.

, 19 (Address) 1401 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cemetery

DATE OF BURIAL Jan 10 1934

20 UNDERTAKER

ADDRESS

D. H. 1268-9

E 97189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7189

107-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1028 S. Streeper St., 1-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Melvin Wilkowski

(a) Residence: No. 1028 S. Streeper st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 23 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	15 16	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Balto Md.

12. NAME Andrew Wilkowski

13. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Stella Kaminska

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Stella Wilkowski
(Address) 1028 S Streeper

BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem Date Jan. 18, 1934

UNDERTAKER Arthur J. Fialkowski Inc
(Address) 1934 Wood Avenue Baltimore Md

FILED 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , Death is said I last saw h alive on , 19 to have occurred on the date stated above, at 5.45 a m

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Vera Smith M. D.
Coroner

(Address) 2117 Fallsway

E 97190

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97190

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 400 S.Calhoun St. St. 14-01 Ward)

th of residence in city or town where death occurred 59 yrs. 10 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary Elizabeth(Eessie) Amey.

(a) Residence: No. 400 S.Calhoun St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Married

married, ~~husband~~ of William R. Amey.
~~wife~~ of

TE OF BIRTH (month, day, year) February 22, 1874

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	10	18 17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME Alfred Turpin.

. BIRTHPLACE (city or town) (State or country) Virginia

. MAIDEN NAME Mary Handley.

. BIRTHPLACE (city or town) (State or country) Virginia

FORMANT William R. Amey.(husband)

(Address) 400 S.Calhoun St.

ERIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 11th. 1934

NDERTAKER Wm Cook

(Address) 1217 E Paul St

LED Jan 10 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2 a.m.

The prinripal cause of death and related causes of importance were as follows: — Date of onset

Myocaraial Insufficiency.
Acute dilatation of the heart.

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Otto M Reinhardt Coroner, M. D.

1/9/34 Address 1017 E. Charles St.

E 97191 ✓ E 97191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harry Dobson

(a) Residence: No. 1108 Harford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married, Widowed~~, or Divorced (write the word)
Male	White	Divorced

6. If ~~married, widowed~~ or divorced HUSBAND of ~~(or WIFE of)~~ Annie Dobson

DATE OF BIRTH (month, day, year) About 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	46	2.	2.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME George Dobson

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Laura Chalk

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

INFORMANT Laura Dobson

(Address) 1108 Harford Ave

BURIAL, CREMATION, OR REMOVAL

Place (London Park Date Jan 11th 1934

UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1934 to Jan 8, 1934

I last saw him alive on Jan 8, 1934 Death is said to have occurred on the date stated above, at 10 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis following attack of Acute Pneumonia 3 months ago.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Conway, M. D.

(Address) Vol. Hospital

D. B. 12[illegible]

E 97192 ✓ E 97192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4318 Lasalle Ave St., No-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alonzo Edwards

(a) Residence: No. 4318 Lasalle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

If married, widowed or divorced HUSBAND of (or WIFE of) Florence Edwards.

6. DATE OF BIRTH (month, day, year) Oct 1-1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper. Clerk 609

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Dry Good Store

10. Date deceased last worked at this occupation (month and year) 1 yr 6 m. | 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME ? Edwards.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Leah Lotty

(Address) Brooklyn N.y.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemt Date Jan 11 1934

19. UNDERTAKER Wm Cook

(Address) 217 St Paul

20. FILED 10 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Jan 8 1934

I last saw him alive on Jan 8 1934 Death is said to have occurred on the date stated above, at 630 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days ago
Senility	
Arteriosclerosis	
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Diabetes Mellitus

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Walter G. Anderson M. D.

(Address) 3001 Harmon Drive

D. F. E-97193 ✓ E 97193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 E. North Ave 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Klausing

(a) Residence: No. 2220 E. North Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Klausing

DATE OF BIRTH (month, day, year): May 7th 1852

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: John M. Ledderer

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Mary V.

16. BIRTHPLACE (city or town) (State or country): Balto Md

INFORMANT: Mrs John Colley

(Address) 2220 E. North Ave

BURIAL, CREMATION, OR REMOVAL

Place U. S. National Date Jan 12th 1933

UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Jan 9 1934

I last saw h[illegible] alive on Jan. 9, 1934 Death is said to have occurred on the date stated above, at 12[illegible] P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Bronchial-Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sigl. Littman M. D.

(Address) 130 E Eclose

D. H. 1[illegible]

E 97194

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97194

CERTIFICATE OF DEATH

93-003

Registered No. 18-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 854 W. Lombard St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Sadauckas

(a) Residence: No. 34 S. Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Sadauckas

6. DATE OF BIRTH (month, day, year) Unknown 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithunia

13. NAME Stases Gubinas

14. BIRTHPLACE (city or town) (State or country) Lithunia

15. MAIDEN NAME Salomie Raulkiute

16. BIRTHPLACE (city or town) (State or country) Lithunia

17. INFORMANT Stanley Benesuns
(Address) 34 S. Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 10 . 34

19. UNDERTAKER John Grebliauckas
(Address) 434 S. Paca Street

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7 - . 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 2739 Eastern Ave.

D. B. 1268-9

E 97195

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97195

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Dixon Road St. 27-W Ward)

Length of residence in city or town where death occurred 83 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Olivia Hardesty Conkling

(a) Residence: No. 1900 Dixon Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Conkling

DATE OF BIRTH (month, day, year) Oct-31-1850

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry C. Kirk

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Virginia Hardesty

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Mrs. O. C. Ladd
(Address) 1900 Dixon Drive

BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Jany 11. 1934

UNDERTAKER John O. Mitchell & Son
(Address) 1900 Eutaw Place

FILED JAN 10 1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 9. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 27 1921 to Jany 9. 1934

I last saw h.. alive on Jany 8. 1934 Death is said to have occurred on the date stated above, at 8 5/6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Symptoms	1924
Other contributory causes of importance:	
Arteriosclerosis	1924
Arteriosclerosis Senes	1921

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis P. Vanburgen M. D.

(Address) 1207 Eutaw Place

E 97196

R 1268-9

E 97196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-003

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Annie E. Gillespie

(a) Residence: No. 3423 E. Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 30/1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	6	8 7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore. Md.

NAME Patrick Gillespie

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Mary Welsh

BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Regina Jackson
(Address) 2643 W. North Ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 11, 1934

UNDERTAKER Rita Wiedefeld
(Address) 917 Greenmount Ave

JAN 6 1934, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 7/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Other contributory causes of importance:	
Chr Myocarditis	? ?
" Bronchitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. E. H. Coe, M. D. Coroner

(Address) 1086 Fort Ave

E 97197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 Johnson St. 17-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Ida Hank Flemings

(a) Residence: No. 528 Johnson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fem	Colo	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm R. Flemings

DATE OF BIRTH (month, day, year) July 3 1893

Age: Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	6	09	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent at this occupation 070

BIRTHPLACE (city or town) (State or country) Balto Md

NAME OF FATHER Fred Sturgis

BIRTHPLACE (city or town) (State or country) Cambridge Md

MAIDEN NAME OF MOTHER mckenzie

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Ethel Wheeler

(Address) 528 Johnson

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/13/34 19

UNDERTAKER Jno. W. Elwood & Son

(Address) 658 N. Gilmor

FILED ... 19... Registrar.

JAN 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th 34

22. I HEREBY CERTIFY, That I attended deceased from ... to ..., 19...

that saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Pulmonary Phthisis	1 month

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H Hank ... M. D. Coroner

(Address) Coroner

D. R. 1268-9

M ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97198

CERTIFICATE OF DEATH

210-001 E 97198

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4106 Norfolk Ave St. 15-01 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? 41 yrs. mos. ds.

FULL NAME Esther Harris

(a) Residence: No. 4106 Norfolk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis

DATE OF BIRTH (month, day, year) 1858

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	76			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Harry Harris

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Isaac Harris
(Address) 4106 Norfolk ave

BURIAL, CREMATION, OR REMOVAL
Place Hebrew Cemetery Date 1/10/34 19

UNDERTAKER Sol Levin Inc
(Address) 1132 E. Baltimore St.

FILED JAN 10 1934 19 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9/34 19

22. I HEREBY CERTIFY, That I attended deceased from January 19 to 19

I last saw h alive on January 19 Death is said to have occurred on the date stated above, at 4:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Rt tibia + Lft femur	
Bronchopneumonia	
Other contributory causes of importance:	
Automobile Accident	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 14 1933

Where did injury occur? Forest Park Ave & Lemson, Balt
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph Pokorny, M. D.
Coroner

(Address) 1700 E. Madison St

D. B. 1268-9 Ve 4258 ✓ E 97199

97199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH $2.00

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Lakeview Ave St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Jacob Becker

(a) Residence: No. 2406 Lake View Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Morton Becker

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Bessie Becker

(Address) 2406 Lakeview Ave.

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Nat. Carmel Date 1/10/34 19

UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Balto. St.

FILED JAN 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9-34. 19

22. I HEREBY CERTIFY, That I attended deceased from July 31, to January 9, 1934

I last saw h alive on January 9, 1934 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Residual Hemiplegia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Lewis M. D.

1/9/34 (Address) Med. Arts Bldg. Balto. Md.

D. B. 1268-9

E 97200 HEALTH DEPARTMENT—CITY OF BALTIMORE E 97200

CERTIFICATE OF DEATH 95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Eagle St. St. 20-31 Ward)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 32 yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Taylor

(a) Residence: No. 2103 Eagle St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca

DATE OF BIRTH (month, day, year) .....

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Ben

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Rebecca
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt Carmel Date 1/10/34 19

UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St

FILED 1/10/1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10-34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 1930 to Jan 10 1934

I last saw him alive on Jan 8 1934. Death is said to have occurred on the date stated above, at 5.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	about
Chronic Bronchitis	25
Bronchiectasis	yrs.
	during
Other contributory causes of importance:	
Cardiac Hypertrophy + dilatation	5 yrs.
Cardiac failure	during

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. S. Rubenstein, M. D.

(Address) 2216 Eutaw Pl.

D. B. 1268-9 E 97201 ✓ E 97201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Lemmon St. 18-01 Ward)

Length of residence in city or town where death occurred 53 yrs. 2 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward F. Loker

(a) Residence: No. 927 Lemmon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: the late Josephine Loker

6. DATE OF BIRTH (month, day, year) Oct 20th 1880.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53.	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1934 | 11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME F. Edward Loker

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Grace K. Evans

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs Minnie Childs

(Address) 918 Pratt Street.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 1/16/, 1934

UNDERTAKER John F. Cowan & Son

(Address) 901 Hollins St.

FILED JAN 16 1934, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/, 1934

22. I HEREBY CERTIFY, That I attended/ deceased from Jan. 4. 1934. to Jan 8, 1934.

I last saw h.. alive on Jan 8, 1934. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	4 days

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. Norton, M. D.

(Address) 888 N. Lombard St

Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

97202 | CERTIFICATE OF DEATH | 131 E 97202

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Saratoga St. 19-01 St., Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Florence Ellen Taylor

(a) Residence: No. 1405 Saratoga St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of George S. Taylor

6. DATE OF BIRTH (month, day, year) Jan 2-1877.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md.
13. NAME OF FATHER Alfred E. Lincoln
14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md
15. MAIDEN NAME OF MOTHER Seanna Maria Nelson
16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md.
17. INFORMANT Seanna Hodges
(Address) 1405 Saratoga St
18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date Jan 11, 1934
19. UNDERTAKER Mrs Kate R. Williams
(Address) 609 N. Schroeder St
20. FILED Jan 10 1934 by Wilson Undertaking Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1933, to Jan 8, 1934
I last saw her alive on Jan 8, 1934 death is said to have occurred on the date stated above, at 11.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Nov 6 '33
Other contributory causes of importance: Interstitial Nephritis	? 33

Name of operation None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William H Wright, M. D.
(Address) 1209 Preston St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

7203 L 37203

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5210 Staab Terrace Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Kraemer Jr.

(a) Residence: No. 5210 Staab Terrace Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of: Irene G. Ward

DATE OF BIRTH (month, day, year): May 26 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	14 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John Kraemer Sr

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Katherine Schadt

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Irene Kraemer

(Address) 5210 Staab Ter.

BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date 1/12 1934

UNDERTAKER: Leonard L. Bouchard

(Address) 5305 Harford Rd

FILED JAN 12 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6 1933 to Jan 9 1934

Last saw h~~im~~ alive on June 8 1933 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 7/34
Other contributory causes of importance: Chr. Bronchial Asthma	

Name of operation NO Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J.S. Harding M. D.

(Address) 4810 Belair Rd.

Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97204

97204

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Linnard St. 16-61 (Ward)

Length of residence in city or town where death occurred 7 yrs mos da How long in U.S. If of foreign birth? yrs mos da

FULL NAME Catherine Barbara Franke

(a) Residence: No. 700 Linnard St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Charles William Franke

6. DATE OF BIRTH (month, day, year) Sept 12 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	72	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Philip Hoepel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William P. Franke

(Address) 700 Linnard St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 1/12/34 19

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave

FILED JAN 10 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9. 1934

22. I HEREBY CERTIFY, That I attended deceased from July - 1 - 1933 to Jan - 9 - 1934

I last saw her alive on Jan - 7 1934 death is said to have occurred on the date stated above, at 4.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart.	July
Mitral Regurgitation	1933.
Oedema of Lungs.	1 day
Other contributory causes of importance:	
Arteriosclerosis	2 yrs.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Martin W. Shook M. D.

(Address) 806 N. Fulton Ave

. B. 1268-9

97205 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 75 E 97205

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. City Hospital St. 3-01 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Frank Kwiatkowski

(a) Residence: No. 1510 Eastern Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

f married, widowed, or divorced
HUSBAND of
(or) WIFE of Victoria Kwiatkowski

ATE OF BIRTH (month, day, year) Aug 21 1876

.E	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	48	4	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md

. NAME Frank Kwiatkowski

. BIRTHPLACE (city or town) (State or country) Germany

. MAIDEN NAME Antonette Eichen.

. BIRTHPLACE (city or town) (State or country) Germany

FORMANT Frank Kwiatkowski

(Address) 1510 Eastern Ave

URIAL, CREMATION, OR REMOVAL

Place St Paul's Cem Date Jan 11 1934

NDERTAKER Wendell F. Dippel

(Address) 306 S Eden St

ILED ... 19 ... Registrar

10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at 11:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) D. Riesenman Coroner M. D.

(Address) 201 N Patterson Park Ave

D. H. 1268-0

97206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 E 97206

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4901 Hutton Ave. Windsor Heights St.) (28-24 Ward)

Length of residence in city or town where death occurred 85 yrs. 3 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Gordon

(a) Residence: No. 4901 Hutton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth L. Gordon

6. DATE OF BIRTH (month, day, year) Sept. 26, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Gordon

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Eichelberger

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Gertrude Gordon
(Address) 4901 Hutton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cmetery Date Jan. 10, 1934

19. UNDERTAKER John F. Henry
(Address) 715 Light St.

20. FILED JAN 10 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15 1933 to Jan 8 1934
I last saw him alive on Jan 8 1934 Death is said to have occurred on the date stated above, at 11.50 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of face and Thyroid — Date of onset June 1933

Other contributory causes of importance:

Carcinoma of Face, Throat and Pituitary,

Name of operation ——— Date of ———

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ——— 19——
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. F. Eberhart, M. D.
(Address) 7100 Windsor Mill Rd.

E 97207 E 97207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1119 Park ave St. 11-01 Ward)

gth of residence in city or town where death occurred 65+ yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Wesley Wilson

(a) Residence: No. 1119 Park ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widower

If married, widowed or divorced HUSBAND of (or) WIFE of Phoebe Ann Wilson

ATE OF BIRTH (month, day, year) March 5 1850?

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	83	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year) 5 yrs ago — 11. Total time (years) spent in this occupation 60

BIRTHPLACE (city or town) (State or country) Calvert Co Md.

12. NAME William Wilson

13. BIRTHPLACE (city or town) (State or country) Prince Frederick Co Md.

14. MAIDEN NAME Priscilla Williams

15. BIRTHPLACE (city or town) (State or country) Prince Frederick Co Md

INFORMANT Florence E. W. Ashley
(Address) 865 Linden ave

BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 1-12 1934

UNDERTAKER Jos. Jos. H. Tuck's
(Address) 1302 Jefferson st

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1934, to Jan 9, 1934 that I last saw h alive on Jan 8, 1934, death is said to have occurred on the date stated above, at 4.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage 3rd attack	March 6-1932
Other contributory causes of importance Chronic Nephritis	March 6-1932 to Jan 8-1934

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) William H Wright, M. D.
(Address) 1209 Preston ave St

D. B. 1268-6

E 97208

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97208

CERTIFICATE OF DEATH

X 122-002

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens + Caton Aves. St., 7-5-01 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. 9 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Acker
(a) Residence: No. 4408 Hooper Ave, St., Richwood, Balt County, Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Acker

6. DATE OF BIRTH (month, day, year) Dec 20th 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	—	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ticket Agt
9. Industry or business in which work was done, as mill, saw mill, bank, etc. Railway Co
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation 35
12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
13. NAME Herman Acker
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Ernestine Thoss
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Margaret L. Acker
(Address) 4408 Hooper Ave
18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 1/10/34, 19
19. UNDERTAKER F. B. Kurtzt & Son
(Address) 1300 Eutaw Place
Huntington Indiana
Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1934 to Jan. 8, 1934
I last saw h~~im~~ alive on Jan. 8, 1934 Death is said to have occurred on the date stated above, at 10 ½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subphrenic Abscess (Rt)	
Peritonitis	1/1/34
Paralytic Ileus	
Other contributory causes of importance:	
Pneumonia - Bronchial	12/31/33

Name of operation Drainage Abscess Date of 1/3/34
What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) John C. Dunlop, M. D.
(Address) St. Agnes Hospital

D. B. 1268-9

E 97209

(209)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1748 Towson St. 2-4-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Margaret A. Jackson

(a) Residence: No. 1448 Towson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4. Color or Race: Wh

5. Single, Married, Widowed, or Divorced (write the word): Child

If married, widowed, or divorced WIFE of (or) HUSBAND of: daughter of

DATE OF BIRTH (month, day, year): Jan 19 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	20	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Curtis Jackson

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME OF MOTHER: Lillian Gordy

16. BIRTHPLACE (city or town) (State or country): Balto Md

INFORMANT: Mrs Lillian Jackson

(Address) 1448 Towson St

BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: Jan 10 - 1934

UNDERTAKER: Chas L Stevens & Son

(Address) 1501 E Fort Ave

FILED: JAN 10 1934 Health Department Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 1933 to Jan 9 1934

I last saw her/him alive on Jan 8 1934 Death is said to have occurred on the date stated above, at 7 15/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	12/26/33
Other contributory causes of importance: Exhaustion	1/8/34

Name of operation: none Date of

What test confirmed diagnosis: clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. H. Campbell M. D.

1/10/34 (Address) 1644 Hanover St

E 97210

D. B 1268

E 97210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1122 W. Pratt St. 16 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred G. Karcher.

(a) Residence: No. 1122 W. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Karcher.

DATE OF BIRTH (month, day, year) Feb 4, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O&O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md.

13. NAME Gottlieb Karcher

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Elizabeth A. Schultz

16. BIRTHPLACE (city or town) (State or country) md.

INFORMANT Harry Karcher.

(Address) 6102 Bittram Ave

BURIAL, CREMATION, OR REMOVAL

St. Peters Date Jan 12, 1934

UNDERTAKER Youngwood Son

(Address) 3615-17 Chestnut Ave.

FILED JAN 16 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/20/33 19 to 1/9/34 19

I last saw h— alive on 1/8/34 19 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul Stenosis	2 yr

Other contributory causes of importance:

Name of operation upper Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Levy M. D.

(Address) 904 W. Lombard

O. B. 1268-9

E 97211

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97211

CERTIFICATE OF DEATH

23 v

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 N. Barre St. St. 22-01 Ward)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Harry Henry. (C)

(a) Residence: No. 415 N. Barre St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	-----	-----	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

8. NAME Do not know.

9. BIRTHPLACE (city or town) (State or country) Do not know.

10. MAIDEN NAME Do not know.

11. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Margaret Rogers. (C)
(Address) 1003 Creek Al.

BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

UNDERTAKER

(Address)

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2.30 P. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis. — Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt Coroner. M. D.

11/3/34 (Address) 1017 E. Charles St.

DEC 1934 1025

E 97212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97212

√131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 China St. St. 22-01 Ward)

Length of residence in city or town where death occurred 14 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William I. Coles. (C)

(a) Residence: No. 831 China St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed or divorced HUSBAND of [illegible] Julia Coles. (C)

DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	----------		

10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia.

NAME Edmund Coles. (C)

BIRTHPLACE (city or town) (State or country) Virginia.

MAIDEN NAME Sallie ----- (C)

BIRTHPLACE (city or town) (State or country) Virginia.

INFORMANT Julia Coles. (C) wife.

(Address) 831 China St.

BURIAL, CREMATION, OR REMOVAL

Place Immanuel Md Date Dec 30 1933

UNDERTAKER

(Address)

FILED 1933 Huntington T. [illegible] Registrar.

0027 CREMORNE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic disease of the heart and Kidneys.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otto Reinhardt, M. D. Coroner

12/20/33 (Address) 1017 E. Charles St.

D. B 1268-9

E 97213

E 97213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No.) 557 Canal St., 17-91 Ward)

gth of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Sarah Johnson

(a) Residence: No. 557 Canal St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race Col	5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Robt Johnson

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
34	38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 041

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation Md.

9. BIRTHPLACE (city or town) (State or country)

10. NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

12. INFORMANT Saml Freeman

(Address) 557 Canal St

13. BURIAL, CREMATION, OR REMOVAL

Place Date ....., 19

14. UNDERTAKER

(Address)

15. Filed ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leo Flinck, M. D.
Coroner

(Address)

JAN 0024

D. B. 1268-9

E 97214

9214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Fremont St., 17 Ward)

Length of residence in city or town where death occurred: yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary E Gross

(a) Residence: No. 501 Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Philip F Gross.

6. DATE OF BIRTH (month, day, year) Apr. 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 070

9. Date deceased last worked at this occupation (month and year) July 1934 | 11. Total time (years) spent in this occupation Life

10. BIRTHPLACE (city or town) (State or country) Balt

12. NAME OF FATHER Wm Lowe

13. BIRTHPLACE (city or town) (State or country) Md

14. MAIDEN NAME OF MOTHER Mary Brantley

15. BIRTHPLACE (city or town) (State or country) Balt.

INFORMANT Clara Grose
(Address) 501 N. Fremont Ave

BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date Jan 10 1935

UNDERTAKER Peruso & Hensley
(Address) 418 Druid Hill Ave

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1932 to January 7 1934

I last saw her alive on January 7 1934. Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Mark E. Warren M. D.

(Address) 627 Lemmon St

M. D. B. 1268-9

✓ E 97215

7215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital St. 28-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant of Francenia Lohmeyer

(a) Residence: No. 4929 Reisterstown Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	infant

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of infant

DATE OF BIRTH (month, day, year) 8 hours

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Gallagher

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Francenia Lohmeyer

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Francenia Lohmeyer

(Address) 4929 Reisterstown Rd.

BURIAL, CREMATION, OR REMOVAL

Place Emerald, Md Date Jan 10 19 34

UNDERTAKER .....

(Address) .....

FILED ..... 19 ..... Registrar.

0028

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-6 1934 to 1-6 1934

I last saw him alive on 1-6 1934 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inanition Syphilis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. J. Cowing, M. D.

(Address) Vol. Hospital

H. D. B. 1968-9

✓ E 97216

7216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (or) (Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Fauntleroy

(a) Residence: No. 1232 David Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John Fauntleroy (Dead)

DATE OF BIRTH (month, day, year) ? 1884 ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Georgetown S. C.

12. NAME Ted Hunter

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Friends

(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place University Md Date Jan 10 . 1934

UNDERTAKER

(Address)

M. D. 1934 Registrar

0029

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28 . 1933 to Jan. 6 . 1934

I last saw her alive on Jan 6 . 1934 Death is said to have occurred on the date stated above, at 7 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, right	11 days
Hypertension	"
	prior

Other contributary causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. B. Magill . M. D.

(Address) Balt. City Hosp

H. D. B. 1268-9

✓ E 97217

7217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Cora Horsey

(a) Residence: No. 432 N. Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

If married, widowed, or divorced WIFE of (or) HUSBAND of Wilbur Horsey

DATE OF BIRTH (month, day, year) ? 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Crisfield Md

13. NAME George Dorsey

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Harriett ?

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) East City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Universal Date Jan 10. 19 34

UNDERTAKER

(Address)

FILED ..... 19..... Registrar.

0030

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934 to Jan 7 1934

I last saw h[illegible] alive on Jan 7 1934 Death is said to have occurred on the date stated above, at 12-45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, tuberculous ?	?
Intestinal Obstruction ?	Dec 1933
Other contributory causes of importance:	

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Magill M. D.

(Address) .....

D. B. 1268-9

✓ E 97218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 22-68 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Vanover

(a) Residence: No. 538 W Conway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/27/33

7. AGE	Years	Months	Days	If LESS than 1 day 14 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Ernest Vanover

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Zelma Glascow

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Mem Cellar Date Jan 10 1934

19. UNDERTAKER .....
(Address) .....

Registrar.

1934 0033

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933 to Dec 28, 1933.
I last saw him alive on Dec 28, 1933. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) Manus S. Hecht, M. D.

(Address) Johns Hopkins Hospital

O. H. 1268-9

E 97219

97219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2341 N. North Avenue St., 15-01 Ward)

Length of residence in city or town where death occurred 3rd yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles Howard Campbell

(a) Residence: No. 2341 N. North Avenue - 3rd floor Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Leah F. Campbell

7. DATE OF BIRTH (month, day, year) March 29, 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	9	10 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed 87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster, Pa.

13. NAME OF FATHER John Campbell

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME OF MOTHER Barbara Brauer

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Wife: Mrs. Leah F. Campbell

(Address) 2341 N. North Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan 12 1934

19. UNDERTAKER Wm. H. Ticknor & Sons

(Address) Huntingdon, Pennsylvania

FILED Jan 13 1934, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9th 1934.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24th 1933, to January 9th 1934.

I last saw him alive on January 9th 1934. Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Cardiac failure	

Other contributory causes of importance:

Cardio-renal Disease.
Hypertrophy - prostate (benign)
Arteriosclerosis.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. E. Wroth, M. D.

(Address) 2347 - N. North Ave.

O. B 1268-9

E 97220

HEALTH DEPARTMENT—CITY OF BALTIMORE

7220

CERTIFICATE OF DEATH

182-003

Registered No.

PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2nd Gen Hosp 20-01 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John Zeller

(a) Residence: No. 2705 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

...EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

... married, widowed, or divorced
HUSBAND of
(or) WIFE of

...TE OF BIRTH (month, day, year) June 7 1888

...GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	45	7	7	1

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

...RTHPLACE (city or town) Baltimore
(State or country)

... NAME John Zeller

... BIRTHPLACE (city or town) Md
(State or country)

... MAIDEN NAME Sophia Betz

... BIRTHPLACE (city or town) Md
(State or country)

...FORMANT Andrew Zeller
(Address) 2100 Hall Av

...RIAL, CREMATION, OR REMOVAL Loud Memorial Park Date Jan 10 1934
Place

...NDERTAKER Jos Lewis & Bro
(Address) 1127 E Balto st.

...ED 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident Crushed Pelvis	
Sand fell on him	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 5 1934
Where did injury occur? Sand Reg. Foundry
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Cave in of earth
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Gauss M. D.
Coroner
(Address) Coroner

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97221

97221

CERTIFICATE OF DEATH

√ 93-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH School Building No 93 8-01
Y OF BALTIMORE: (No. N.E. Cor Lexington & Gay Sts. Ward)

th of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Louis C. Fuchs

(a) Residence: No. 3131 Elmora Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Married

married, widowed, or divorced
HUSBAND of
or) WIFE of Delia Fuchs

TE OF BIRTH (month, day, year) Aug 21/1878

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	4	17 18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer for 30

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Education

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Germany

NAME Joseph Fuchs

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Mary ?????

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Frank Fuchs
Address) 3131 Elmora Ave

RIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan 11 . 1934

DERTAKER Geo M Schnickum
Address) 611 N Wolfe

Geo. L. Wil...
28 ... Ave.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8.30 m. A.M.

The principal cause of death and related causes of importance were as follows: Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. D. Baker M. D.
Coroner

(Address) 508 E North Ave

29-28—L. F. S.—500 Bks.

E 97222

HEALTH DEPARTMENT—CITY OF BALTIMORE

7222

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No.) 1833 Hope ST., 9-01 WARD)

FULL NAME Lucy Ann Burns

RESIDENCE NO. 1833 Hope ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

If residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
W	Widow

ried, widowed, or divorced
SBAND or WIFE of David H Burns (deceased)

OF BIRTH (month, day, and year) Dec 28 1852

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81 -		11	

ATION OF DECEASED

ade, profession or lar kind of work. Retired HW

neral nature of industry, s, or establishment in employed (or employer) Odd

me of employer

PLACE (city or town) or country) Elkton City md -

ME OF FATHER Humphrey Carter Hill

RTHPLACE OF FATHER (city or town) Va.
ate or country)

IDEN NAME OF MOTHER Mary Doyle

RTHPLACE OF MOTHER (city or town) Md -
ate or country)

(Chas. H. Burns
rmant)
dress) 1833 Hope St

Huntington & Williams Funeral Directors

..... 19.. Registrar

1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9/34

17 I HEREBY CERTIFY, That I attended deceased from 1/2/ 1934, to 1/9/ 1934.

that I last saw her alive on 1/9/ 1934

and that death occurred, on the date stated above, at 12-10 p. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis -

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema -

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) George Abner Banister, M. D.

1/10. 1934 (Address) 1512 E North Ave -

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Hope Cem Elkridge Md	Jan 12 1934
20 UNDERTAKER John R. Denny	ADDRESS 715 Light St

C. D. B. 1268-0

E 97223

97223 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

71-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3045 St Paul St. 12-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Virginia Carling

(a) Residence: No. 3045 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 4, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Michael Carling

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Carling

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs. Emma V. Carling

(Address) 3045 St. Paul St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jany 12, 1934

UNDERTAKER Harry W. Tilden

(Address) 1944 W. North Ave

FILED Jan 12 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1933, to Jan 9, 1934.

I last saw her alive on Jan 9, 1934. Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis	1920 ?

Other contributory causes of importance:

Gangrene left foot -	Dec 29 1933
Pernicious anemia 1929 -	

Name of operation None Date of

What test confirmed diagnosis? Nt Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Nt If so, specify

(Signed) Harry D. McCarty, M. D.

(Address) 1711 W Preston St.

1934

D. B 1268-9

E 97224

97224 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... St., 13-E Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr George W. Mausedorfer

(a) Residence: No. 3006 Auchentoroly Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 7, 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Christian Mausedorfer

14. BIRTHPLACE (city or town) Balto Md
(State or country)

15. MAIDEN NAME Pauline Housemann

16. BIRTHPLACE (city or town) .....
(State or country) Germany

INFORMANT G. W. Mausedorfer

(Address) 3006 Auchentoroly Ter

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 11, 1934

UNDERTAKER Harry W. Ehlen

(Address) 1944 Pulaski Highway

FILED ..... 19 ..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934 to Jan 8, 1934

I last saw him alive on Jan 8, 1934. Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 3, 34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. Otto Hahn M. D.

(Address) 1 Mt Vernon Square

L. D. B. 1268-9

E 97225

7225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-01 72-001

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3044 Brighton St., Ward)

Length of residence in city or town where death occurred 61 yrs. 8 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Grace Skeen

(a) Residence: No. 3044 Brighton St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Edwin M. Skeen

DATE OF BIRTH (month, day, year) April 20, 1872.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John T. Bramble

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Charles E. Herring.
(Address) 3044 Brighton St.

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan. 11, 34.

UNDERTAKER Fay S. Smith
(Address) 4101 Edmondson Ave.

FILED 1934 Huntington Nebraska

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 12 1933 to Jan 8/34, 19...

I last saw her alive on Jan 7 1934 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukemia (Primary Anemia) Spleen	about Apr. 1933

Other contributory causes of importance:

Leukemia Primary anemia	Apr. 1933

Name of operation none Date of ...

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter Dublett M. D.

(Address) 2220 Harrison Ave

D. B. 1268-9

E 97226

97226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 8-04 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Wm Walker Welsh

(a) Residence: No. 1520 E. Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	W hite	Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of Laura Welsh

DATE OF BIRTH (month, day, year) May 26 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mark S Welsh

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Elizabeth Walker

16. BIRTHPLACE (city or town) (State or country) Scotland

INFORMANT Mrs Grace Long

(Address) 3960 Dolfield Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem 1934

UNDERTAKER John O Mitchell & Sons

(Address) 1900 Eutaw Place

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10/ 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/6/ 1934, to 1/10/ 1934

I last saw him alive on 1/10/ 1934 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	Mar 33
Other contributory causes of importance:	
Broncho pneumonia	1/6/34

Name of operation ..... Date of .....

What test confirmed diagnosis? CLINICAL Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Ed Stanger M. D.

(Address) Md. Gen. Hospital

B 1268-9

E 97227

HEALTH DEPARTMENT—CITY OF BALTIMORE

97227

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Mary Hambrick

(a) Residence: No. 625 Marshall St., Roanoke, Va. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

married, widowed, or divorced BUSBAND of (or) WIFE of John I. Hambrick

TE OF BIRTH (month, day, year) Apr 1870

E Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8-9	?	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Floyd Va

NAME Unknown

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

FORMANT (Address) Grayson O. Hambrick (son) 205 Bluemont Ave. Roanoke, Va

RIAL, CREMATION, OR REMOVAL Place Roanoke Va Date Jan 10, 19 34

NDERTAKER (Address) Chas O Mitchell & Son 19 & Easlan Place

Huntington Williams M D Registrar.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 10/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10.30 m A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- following operation for removal of tumore of brain (Cerebrum)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. L. Owens M. D. Coroner

(Address) 508 E Knox

D. H. 1269-b

E 97228 E 97228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 S. Pulaski St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Martin Eisenacher.

(a) Residence: No. 205 S. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary E. Eisenacher

6. DATE OF BIRTH (month, day, year): Mar. 3rd 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	37	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: United Rys. Co

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME of father: Peter Eisenacher

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of mother: Elizabeth Unkoord

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mary E. Eisenacher

(Address) 205 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL: London Park Date 1/13/34

19. UNDERTAKER: Wm Cook & Co

(Address) 1219 E. Fayette St.

20. FILED 1/11/1934 Huntington W. Wheeler, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from January 8 1934 to January 10 1934

That I last saw him alive on January 10 1934 Death is said to have occurred on the date stated above, at 1/30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1/6/34
Other contributory causes of importance:	
Pulmonary Oedema	1/9/34

Name of operation: not any Date of: ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) G. E. Dayton M. D.

(Address) 301 East Preston St

D. B. 1268 E 97229

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97229

V 134

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hy St., (4th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Daniel F. Stouffer

(a) Residence: No. 3900 Old York, Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

If ~~married~~ widowed, ~~or divorced~~

HUSBAND of ~~(or WIFE of)~~ Emma J. Stouffer 1869

6. DATE OF BIRTH (month, day, year) May 27-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	17 26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) md

13. NAME John S. Stouffer

14. BIRTHPLACE (city or town) Baltimore (State or country) md

15. MAIDEN NAME Mary Berger

16. BIRTHPLACE (city or town) Baltimore (State or country) md.

17. INFORMANT Mary L. Stouffer

(Address) 3906 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 13th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Jan 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/18/33 . 19 . to 1/8/34 . 19

I last saw him alive on 1/8/34 . 1934 Death is said to have occurred on the date stated above, at 2:58 P.m.

The principal cause of death and related causes of importance were as follows:

Uraemia — Date of onset Aug. 33.

Other contributory causes of importance:

Cardiac failure

Name of operation Nephrotomy Date of 12/20/33

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Leopold H. Jordan, M. D.

(Address) Church Home & Inf

D. B. 1268 E 97230 E 97230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2541 Pennsylvania Ave Ward 24)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Gore

(a) Residence: No. 2541 Penna Ave Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of William O. Gore

DATE OF BIRTH (month, day, year) Nov. 17, 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Elwin Hatchful

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Margaret Cox

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wm O Gore

(Address) 2541 Penna Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 1/12 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1933 to Jan 9 1934

I last saw her alive on Jan 9 1934 Death is said to have occurred on the date stated above, at 10:10 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	

Other contributory causes of importance:

Hypostatic pneumonia

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 —

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph E. Shannon M. D.

(Address) 200 N. Fulton Ave.

M. D. R. 1268-2 E 97231 Joseph Tischer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97231

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital — Registered No. 47

CITY OF BALTIMORE: (No. 6-01 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Tischer

(a) Residence: No. 126 N. Fare St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 4. Color or race White — 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Tischer

DATE OF BIRTH (month, day, year) Mar. 13. 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ships Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Body Co.

10. Date deceased last worked at this occupation (month and year) Feb 1931 — 11. Total time (years) spent in this occupation 15

BIRTHPLACE (city or town) (State or country) Hungary

13. NAME Ester Tischer

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Barbara Mokong

16. BIRTHPLACE (city or town) (State or country) Hungary

INFORMANT Mrs Julia Tischer

(Address) 126 N Fare St

BURIAL, CREMATION, OR REMOVAL

Place Loy Cem — Date 1/13. 1934

UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/14, 1933 to 1/10, 1934

I last saw him alive on 1/10, 1934. Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
malignancy Rt. Lung	1930?
Other contributory causes of importance: generalized Arteriosclerosis Terminal Bronchopneumonia	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Legum, M. D.

(Address) Sinai Hospital

D. B. 1934 E 97232 E 97232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 10-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Bell Miller

(a) Residence: No. 729 Ensor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Miller

DATE OF BIRTH (month, day, year) July 7/1868

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	7 6	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 07

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

13. NAME Chris. Woolery

14. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ??

INFORMANT Joseph Bell (son)
(Address) 729 Ensor St

BURIAL, CREMATION, OR REMOVAL
Place Dale Cemetery Date Jan 11- 1934

UNDERTAKER Mowry & Middlefield
(Address) 501 E 22nd St

FILED Jan 11 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) [illegible] Coroner M. D.

(Address) 1-08 E Lrnk Pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-902

E 97233

CERTIFICATE OF DEATH

E 97233

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N. Caroline St., 7-01 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos.

2. FULL NAME William Perry

(a) Residence: No. 523 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Ray Perry

6. DATE OF BIRTH (month, day, year) Apr 1/1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

FATHER

13. NAME John Perry

14. BIRTHPLACE (city or town) (State or country) Fairmount, Md.

MOTHER

15. MAIDEN NAME Mary Maddox

16. BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

17. INFORMANT Nettie Bradford (sister)

(Address) 523 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place U.S. National Date Jan 11 19 34

19. UNDERTAKER Robert W. Williams

(Address) 15-15 McElderry St

FILED JAN 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 7/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4.10 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure

Date of onset

Other contributory causes of importance:

Chr. Bronchitis

Pulm. Emphysema

Name of operation Date of

What test confirmed diagnosis? inquest Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Cain M. D.

(Address) 508 E Ivanhoe Coroner

...—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97234

108 E 97234

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 25 1/2 W. Biddle ST. 11-01 WARD)

2-FULL NAME Bessie Carrington

(a) RESIDENCE NO. 25 1/2 W. Biddle ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE col.

5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) c

(c) Name of employer c

8 BIRTHPLACE (city or town) (State or country) South Carolina

9 NAME OF FATHER unknown

10 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

11 MAIDEN NAME OF MOTHER unknown

12 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Waymond Byrd

(Address) 250 W. Biddle

Filed 1-11 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-7- 1934

17 I HEREBY CERTIFY, That I attended deceased from 1/3 1934 to 1-7- 1934

that I last saw her alive on 1-4- 1934

and that death occurred, on the date stated above, at 4:15 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Colds

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? c

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Jas R Blake M. D.

1/10 1934 (Address) 924 Fairmount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL Jan 12 1934

20 UNDERTAKER Robert T Williams

ADDRESS 1515 N Eden

H. D. B. 1268-9 E 97235 ✓ E 97235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Schenker

(a) Residence: No. Sinai Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 9. 1934.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		one	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

13. NAME Harry Schenker

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Sarah Jaworzik

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Sarah Schenker
(Address) 1521 Riggs Ave.

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt Carmel Date Jan 11 1934

UNDERTAKER S. Levinson Bro
(Address) 1127 E Baltimore St

FILED Jan 11 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9 1934 to Jan. 10 1934

I last saw her alive on Jan. 10 1934 Death is said to have occurred on the date stated above, at 11:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Cerebral Hemorrhage ?	

Name of operation none. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Louis Robert Cohen M. D.

(Address) Sinai Hospital

D. B. [illegible]

E 97236

E 97236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 W St. 12-01 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME W. Lloyd Hamilton

(a) Residence: No. 426 W St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married.

If married, widowed, or divorced, HUSBAND of (or) WIFE of W. Carroll Hamilton

6. DATE OF BIRTH (month, day, year) Feb 21 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middleway W Va

13. NAME Wm B Wortham

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Louisa Garland

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT W Carroll Hamilton
(Address) 426 W St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Jan 13 1934

19. UNDERTAKER Fortune & Son
(Address) 2222 W Baltimore St.

20. FILED JAN 14 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to Jan 10 1934

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5-24 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Other contributory causes of importance: None	

Name of operation ... Date of ...

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. H. Peare M. D.

(Address) 2105 Eutaw st

D. B. 1268 p. 97

E 97237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97237

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Ruckert Ave St. 27-01 Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Gluchmann

(a) Residence: No. 2814 Ruckert Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced — —
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 11/1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	71	9	28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Chemical to Paints

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Frederick Gluchmann

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Anna Krebs

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Margaret Gluchmann
(Address) 2814 Ruckert Ave

BURIAL, CREMATION, OR REMOVAL
Place London Pk. Date Jan. 12, 1934

18. UNDERTAKER Philip Herzog Sons
(Address) 206 Orleans St.

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7-'33 to Jan 9-'34

I last saw him alive on January 2nd 1934 Death is said to have occurred on the date stated above, at 2 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	
Arterio-Sclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Abertus Cotton M. D.

(Address) 101 E. Preston

L. D. B. 38-9 E-97238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-97238

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 15-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Harris

(a) Residence: No. 721 School st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

DATE OF BIRTH (month, day, year) Oct. 13, 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Fuller Harris

14. BIRTHPLACE (city or town) .....
(State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country) Unknown

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 11 1934

UNDERTAKER Thomas E. Nelson
(Address) 1303 Presstman st

FILED ..... 19..... [illegible] Registrar

11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9 . 1934

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1934 to January 9, 1934

I last saw h. in alive on January 9, 1934 Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M W Jacobson M. D.

(Address) Baltimore City Hospitals

M. D. B. 12699 E 97239 ✓ E 97239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name) Baltimore City Hospitals St., 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie Johnson

(a) Residence: No. 422 N. Pine St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co Va

13. NAME John Turner

14. BIRTHPLACE (city or town) (State or country) Essex Co Va

15. MAIDEN NAME Elizabeth Troy

16. BIRTHPLACE (city or town) (State or country) Essex Co Va

INFORMANT Records (Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL Place Auburn Cem Date 1/12 1934

UNDERTAKER Samuel T Hemsley (Address) 578 N Middle St

FILED 1-11-1934 Huntington Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1933, to Jan 9, 1934.

I last saw her alive on Jan 9, 1934. Death is said to have occurred on the date stated above, at 7:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Interne abscess	?
Empyema	?
c Myocardial failure	1 hr

Other contributory causes of importance:

Senility	?
Bronchial Pneumonia	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Shapiro, M. D.

(Address) Balto City Hosp

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97240

Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Kaemis

(a) Residence: No. 1815 N. Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3/10/1898

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	10	0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mngr of Restaurant.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Greece

13. NAME John Kaemis

14. BIRTHPLACE (city or town) (State or country) Greece.

15. MAIDEN NAME Beatrice Nemphos

16. BIRTHPLACE (city or town) (State or country) Greece

INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1/12 1934

UNDERTAKER Bernard C Yorke
(Address) 1000 S PACA ST

FILED JAN 11 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan-8, 1934 to Jan-10, 1934

I last saw him alive on Jan-10, 1934 Death is said to have occurred on the date stated above, at 5.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	5 days ago
Myocarditis	
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Marmichael Silgman M. D.

(Address) Johns Hopkins Hospital

H. D. R. 1268-0

E 92241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

241 159

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1938 Light St. 24-41 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Parks

(a) Residence: No. 1938 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 10, 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or 15 min.
	—	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md
(State or country)

13. NAME William B. Parks

14. BIRTHPLACE (city or town) Balto, Md
(State or country)

15. MAIDEN NAME Lilly M. Wroten

16. BIRTHPLACE (city or town) Balto, Md
(State or country)

INFORMANT William B. Parks
(Address) 1938 Light St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 1/13/34

UNDERTAKER E. P. Hall
(Address) 115 E Fayette St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1934 to Jan. 10 1934

I last saw him alive on Jan 11 1934 Death is said to have occurred on the date stated above, at 12:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth 7 months	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) N. H. Carpenter M. D.

1/11/34 (Address) 1644 Hanover St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97212

CERTIFICATE OF DEATH

108 E 97212

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15th Ward)

Length of residence in city or town where death occurred 23 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gaetano Aversa

(a) Residence: No. 2609 Loyola Southway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Aversa

6. DATE OF BIRTH (month, day, year): Feb. 22 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fruit Produce Seller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

13. NAME of father: Salvator Aversa

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME of mother: Frances Rizo

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: Jan 13 1934

19. UNDERTAKER: George J. Poetz Sons
(Address): 735 Hollins

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1934 to Jan 9 1934

I last saw him alive on Jan 9 1934 Death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days

Other contributory causes of importance:

Name of operation: Autopsy Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. V. Burns M. D.

(Address) Mercy Hospital

D. B 1268-9

E 97243

HEALTH DEPARTMENT—CITY OF BALTIMORE

97243

CERTIFICATE OF DEATH

182-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Mynett St 17-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby Smith

(a) Residence: No. 1324 Mynett St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Col	Sing

... married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 9

AGE	Years	Months	Days	If less than 1 day, hrs. or ... min.
		few	Hours	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

NAME Edw Smith

BIRTHPLACE (city or town) (State or country) Wash D.C.

MAIDEN NAME Sadie Coates

BIRTHPLACE (city or town) (State or country) Dunford Co. Virg.

INFORMANT Edw Smith

(Address) 1324 Mynett St

BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Feb 10 1934

UNDERTAKER

(Address)

1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Jan 9 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Acute Suffocation

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... (Whether by autopsy or otherwise)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H C Quick Coroner M. D.

(Address)

D. B. 1264 E 97244 Fuchs E 97244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 N. Kenwood Ave St., (Ward) 6-81

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Fuchs

(a) Residence: No. 2 N. Kenwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced (or) WIFE of John Fuchs

DATE OF BIRTH (month, day, year) Nov 28 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Gotlieb Fleber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Jag. Hand

(Address) 2 N. Kenwood ave

BURIAL, CREMATION, OR REMOVAL

Place Westernfem Date 1/12/ 1934

UNDERTAKER John A. Frolyn

(Address) 3000 E. Baltimore St.

FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933 to Jan 8 1934.

I last saw h[illegible] alive on Nov. 20 1933. Death is said to have occurred on the date stated above, at 7:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cer. Vascular Dis. 2 years	Dec 1933
Other contributory causes of importance: Chronic Nephritis Heart Disease	May 1933

Name of operation None Date of

What test confirmed diagnosis? Path. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1500 E. 33rd St

B 1268-9

E 97245

HEALTH DEPARTMENT—CITY OF BALTIMORE

7215

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 906 Hillman St. 10-01 Ward)

th of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dennis Spriggs

(a) Residence: No. 906 Hillman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	black	Married

married, widowed, or divorced HUSBAND of (or) WIFE of ?????

TE OF BIRTH (month, day, year) Mar 20/1865

E Years	Months	Days 16	If LESS than 1 day, hrs. or min.
69	9	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 004

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Frederick Maryland

NAME Unknown

BIRTHPLACE (city or town) (State or country) Frederick, Md.

MAIDEN NAME Sallie Ware

BIRTHPLACE (city or town) (State or country) Maryland

FORMANT Roy Key(soninlaw)
Address) 805 Somerset St

RIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 1/11/ 1934

NDERTAKER Rayner Sanders
Address) 1413 E Preston St

Huntington Williams Register

1934 8 57 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6/34 , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9.10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardiac Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Bauer , M. D.
Coroner

(Address) 508 E Fort Ave

H. D. B. 1268-0

E 97246

7246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3933 Greenmount Ave 9-Wd (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Ann Snyder

(a) Residence: No. 3933 Greenmount Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel H Snyder

DATE OF BIRTH (month, day, year) Jan 2 1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	-	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Lewiston Pa

13. NAME Solomon Lyter

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Margaret Hinkle

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Mr Maurice S. Snyder

(Address) 3933 Greenmount Ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Jan 12. 193

UNDERTAKER John F. Denny

(Address) 7[illegible] Huntington Pittsburgh, Pa

FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 33 to Jan 7-34 19.....

I last saw h[illegible] alive on Jan 9 34 19..... Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
(a) Asthenia	1 wk
Other contributory causes of importance:	
Arteriosclerosis	
+ Hypertension	17 yr.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H Hermann M. D.

(Address) 1710 E 33rd St

B. B. 1268-9

M E 97247

97247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital St., 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Snell

(a) Residence: No. 1520 Cherry St Curtis Bay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna B. Snell

6. DATE OF BIRTH (month, day, year) Nov. 17, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship joiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt. Employee

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Data Not

13. NAME Fredrick Snell

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Maria Wimpff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Record U.S. Marine Hosp. (Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL Place U.S. National Cem. Date Jan 12 1934

19. UNDERTAKER John Grebhanckya (Address) 1523 S. Papa St. Huntington Indiana

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 19 to January 19

I last saw h alive on January 19 Death is said to have occurred on the date stated above, at 1:25 P.M.

The principal cause of death and related causes of importance were as follows:

Fractured left ribs 9-10-11

Shock

Other contributory causes of importance:

Automobile Accident

Date of onset

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/1 1934

Where did injury occur? Pennington Ave & Cherry St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? Do not know If so, specify Fell while working 12/14/33

(Signed) John Sokorny M. D.

(Address) 1200 E. Madison St Coroner

E 97248

M. D. B. 1369-9

97248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat St. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Burns

(a) Residence: No. Mt. Hope Retreat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word).
F.	W.	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

DATE OF BIRTH (month, day, year) about 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	80	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc — None

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore Md.

13. NAME — Jas Burns

14. BIRTHPLACE (city or town) (State or country) — Ireland

15. MAIDEN NAME — Mary A. Horrigan

16. BIRTHPLACE (city or town) (State or country) — Ireland

INFORMANT — Mt. Hope Records

(Address) — Mt Hope Retreat

BURIAL, CREMATION, OR REMOVAL

Place Jew Cathedral Cem. Date January 12/34

UNDERTAKER — Stuart M'Mourd Company

(Address) 102 W. North Ave.

Filed 1934 — Thurston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1934 to Jan. 11, 1934

I last saw her alive on Jan. 11, 1934 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9 days
Arterio Sclerosis	15 yrs.
Chronic Myocarditis	10 yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. De Bonelli M. D.

(Address) 336 Frederick Ave.

E 97249

D. B 1268-9

97249 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 11-01 Ward)

Length of residence in city or town where death occurred 51 yrs. 1 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William L. Hartman

(a) Residence: No. 521 N. Charles St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year) Nov 11, 1882

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tea Room
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Christman Hartman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Louise Hartman

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Jan 14, 1934

UNDERTAKER J. J. Fischer & Sons
(Address) Huntingtown, Md.

FILED JAN 14 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1934 to Jan 10, 1934

I last saw him alive on Jan 10, 1934 Death is said to have occurred on the date stated above, at 6:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	5 days
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. O. Burns M. D.

(Address) Mercy Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97250

97250

V 176

CERTIFICATE OF DEATH

1. PLACE OF DEATH Ms. Gen. Hospital

CITY OF BALTIMORE: (No. ..... St., 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bohme James Fabian (Bohme James Fabian)

(a) Residence: No. 2818 Frederick Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed or divorced HUSBAND of (or) WIFE of: Carrie Fabian

DATE OF BIRTH (month, day, year): Aug. 21, 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: M & O Railway Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Chicago Ill

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Joseph Fabian Jr

(Address) 3514 Furrow St

BURIAL, CREMATION OR REMOVAL

Place: Mt Olivet Cem Date: Jan 9, 1934

UNDERTAKER: Wm. Fickus Sons

(Address) Front & Monroe Sts

FILED: Jan 10, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/22/33, 19..., to 1/9/34, 19...

I last saw him alive on 1/9/34, 19... Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene Cholecystitis & Gallstones	

Other contributory causes of importance:

Low albumin

Broncho pneumonia

Name of operation: Cholecystotomy Date of: 12/21/33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. E. Proctor M. D.

(Address) 2nd Gen. Hospital

Linden & Madison Aves.

D. B 1268-9

E 97251

HEALTH DEPARTMENT—CITY OF BALTIMORE

97251

X V 93-003

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 1219 Argyle Ave St., 17-6 (Ward)

gth of residence in city or town where death occurred ...yrs. 2 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Mary Smith

(a) Residence: No. 1219 Argyle Ave St., Ward. West River Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Fem	Col	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Smith

ATE OF BIRTH (month, day, year) 1850

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
84	83			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) West River Md

NAME Unknown

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Caroline Miller

BIRTHPLACE (city or town) (State or country) Md

FORMANT (Address) Wm. Lee 725 N. Fremont

RIAL, CREMATION, OR REMOVAL

Place Catonsville Date Jan 13 1934

DERTAKER (Address) J. G. Doughty Catonsville

Filed 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Old age	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) Catonsville

D. B. 1268-3

E 97252

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97252

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Otterbein St. 21-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Tilghman

(a) Residence: No. 302 Otterbein St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Tilghman

DATE OF BIRTH (month, day, year) [illegible] 1880

6. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) A. A. Co Md

13. NAME Pinkney Gambrill

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Edward Tilghman

(Address) 302 Otterbein St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 12 1934

UNDERTAKER James Adams

(Address) 1142 Hanover St

FILED 1-11 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Jan 9, 1934

I last saw h[illegible] alive on Jan 8, 1934 Death is said to have occurred on the date stated above, at 2.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Arrhythmia	Jan 1934
Other contributory causes of importance:	
Arteriosclerosis	"

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Charles H. Thomas M. D.

(Address) 702 S. Broadway

D. B. 1268-4 E 97253 E 97253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2330 Madison Ave St., 13-01 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estella A Grant

(a) Residence: No. 2330 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23-1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
15		17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boston - Mass
(State or country)

13. NAME Charles Grant

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Mary Hazel

16. BIRTHPLACE (city or town) Bostn, Mass
(State or country)

17. INFORMANT Ada Thomas
(Address) 2330 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 14 1934

19. UNDERTAKER James Sodaro
(Address) 142 N Gilmor St

FILED JAN 11 1934, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Jan 10, 1934 I last saw her alive on Jan 10, 1934 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	1-1-34

Other contributory causes of importance:

Acute Arteritis Bronchi	

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. Hawkins M. D.

(Address) 1202 Mt. Hall Ave

B 12459 E 97254

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97254

93-003

CERTIFICATE OF DEATH

Registered No. 6-01

PLACE OF DEATH on arrival Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Ward)

Y OF BALTIMORE: (No. ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

th of residence in city or town where death occurred 15

FULL NAME Leon Simon Schoenfeld

(a) Residence: No. 103 N. Patterson Park Ave Ward. (If non-resident give city or town and State)
(Usual place of abode)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

TE OF BIRTH (month, day, year) 1881

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Russia

NAME Simon Schoenfeld

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Hannah Smuckler

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Simon Schoenfeld

(Address) 103 Patt Pk Ave

RIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1/12 19 34

DERTAKER S. Levin Bro.

(Address) 1421 E Balto St

LED [illegible] Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocarditis (Chr)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos Sauer M. D.
Coroner

(Address) 508 E Fayette

D. H. 1925-6 E 97255

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97255

CERTIFICATE OF DEATH

82-001

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. University Hospital Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mark Davis

(a) Residence: No. 593 Orchard St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Male Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Violet Davis

ATE OF BIRTH (month, day, year)

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 07°

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ga

3. NAME Geo. Davis

4. BIRTHPLACE (city or town) (State or country) Ga

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Mrs V. Davis

(Address) 593 Orchard St

URIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/2 1934

NDERTAKER Chas E Dieudonne

(Address) 678 Mt Street Baltimore Md

Pennington Cemetery Rec'd

ILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Nephritis.

Other contributary causes of importanre:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Fellrath M. D. Coroner

(Address) 2739 Eastern Ave

E 97256

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97256

CERTIFICATE OF DEATH.

REGISTERED NO. 97

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 5900 Smith Ave. (St.) Mt Wash. (Ward) 7-01

2-FULL NAME Charles Edward Wyman

(a) RESIDENCE NO. 5900 Smith Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs 4 mos 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Nellie Godwin Wyman

6 DATE OF BIRTH (month, day, and year) Apr 19, 1859.

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	8	20	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bleacher—Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

8 BIRTHPLACE (City or town) (State or country) Pa

9 NAME OF FATHER John Jackson Wyman

BIRTHPLACE OF FATHER (city or town) (State or country) unknown

MAIDEN NAME OF MOTHER Mary Nace

BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant Alice Wyman

Address 5900 Smith Ave. Balto. Md.

Filed 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 10 - 1934

17 I HEREBY CERTIFY, That I attended deceased from June 30 - 1932 to Jan 10 - 1934

that I last saw h alive on Jan 10 - 1934

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis - Complicated with Hypostatic

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral-Edema

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None -

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL 1/12 1934

20 UNDERTAKER John Burns Sons.

ADDRESS Towson

D. B. 1268-9

7257

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37257

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 21 Temple St. 5-01 Ward)

30

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Berdine A. Bennett

(a) Residence: No. 21 Temple St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Bennett

ATE OF BIRTH (month, day, year) Unknown

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 037
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

9. NAME Lee Fowler Allen

10. BIRTHPLACE (city or town) (State or country) Indiana

11. MAIDEN NAME Mary Pitt

12. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mamie Pitt
(Address) 277 Bergen St Brooklyn

BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date Jan 13, 1924

UNDERTAKER Edw Compson
(Address) 1691 Orleans St.

FILED 1924 Jan 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1924

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 6 Hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James M Hanlon M. D.
Coroner

(Address) 708 Cleveland

B 1268-9

E 97258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97258

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. John Hopkins Hospital St. 5-01 Ward)

th of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Virginia Mayo

(a) Residence: No. 1411 May St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	Black	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) April 26/1914

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	8	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Amherst. Va.

NAME Richard Mayo

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME Maud Brown

BIRTHPLACE (city or town) (State or country) Va

FORMANT Maud Wilson

Address) 1411 May St

RIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 1-12-34 1934

DERTAKER Brown Francis & Knight

Address) 1218 McElderry St

D ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 8/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10.1[illegible] A.M. m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Shock-Toxemia due to
Burns over body almost entire
body.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Injury Dec 31/34

Where did injury occur? 1411 May St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Clothes from "egg" heating

Nature of injury Stove - 2nd floor rear

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [signature] M. D.
Coroner

(Address) 1018 E Mt St

E 97259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. E 97259

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Brookwood Road St., 16-C Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Fuld Katz

(a) Residence: No. 715 Brookwood Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Moses Katz

DATE OF BIRTH (month, day, year) Oct. 2, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Ephraim Fuld

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Hamburger

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Mr. Jonas Fuld, Liberty Heights Ave.

BURIAL, ~~CREMATION~~, OR REMOVAL Place Hebrew Friendship Date Jany. 12, 1934

UNDERTAKER David Lindenmeyer Son (Address) 1902 Eutaw Place

FILED JAN 12 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 14th 1933 to Jan 11th 1934.

I last saw her alive on Jan 11th 1934 Death is said to have occurred on the date stated above, at 12:31 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis -	
Gallbladder Disease	
Senility	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) 3045 West North Ave.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97260 97260

CERTIFICATE OF DEATH

Registered No. 84-

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp Street 23-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Louise E. Stephenson

(a) Residence: No. 1517 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Stephenson

6. DATE OF BIRTH (month, day, year) May. 28, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painting & Sewing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paperhanger.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or county) (State or country) Jasper Co. Georgia

13. NAME Solon Stephenson

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Margaret Peters

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs. Anna Stephenson

(Address) 1517 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Marys Cemetery Date Jan 13/ 34

19. UNDERTAKER Hollis Davis

(Address) 3618 Pinkney Ave.

Attorney for Petitioner

JAN 12 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 8. 1934 to January 10. 1934

I last saw him alive on January 10. 1934. Death is said to have occurred on the date stated above, at 10.21 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media - right	

Other contributory causes of importance:

Streptococcus meningitis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) B. W. Sandusky M. D.

(Address) University Hospital

B 1268-9

E 97261

HEALTH DEPARTMENT—CITY OF BALTIMORE

97261

CERTIFICATE OF DEATH

97

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 709 N. Duncan St., 7-01 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Anna Stekl

(a) Residence: No. 709 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Stekl

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria

NAME Joseph Kudina

BIRTHPLACE (city or town) (State or country) Austria

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country)

INFORMANT Anna Zahradka

(Address) 931 N. Duncan St.

BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Jan 13, 1934

UNDERTAKER Frank Grech Son

(Address) 1706 Eastlandia

FILED JAN 12 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance:	
Genl Arteriosclerosis	
Senile Debility	

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Bauer M. D.

(Address) 508 E Lombard Coroner

E 97262

8-16-29 1. F. S. 100 Blks

97262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Nursery & Child's Hosp. 1-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nora Lee Becraft

(a) RESIDENCE NO. Nursery & Child's Hospital WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 15 mos. 22 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 17, 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	16	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ppd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Spring Grove Hosp.

10 NAME OF FATHER Frank Becraft.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Velma Gamber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co. Md.

Informant Miss Dudley, Dr Garrett

(Address) Spring Grove Hospital

Filed ..... 19 ..... Registrar

JAN 12 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/34

17 I HEREBY CERTIFY, That I attended deceased from 1/7, 1934, to 1/11, 1934

that I last saw her alive on 1/11, 1934

and that death occurred, on the date stated above, at 6-30 A m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) L. A. Volenick, M. D.

1/11, 1934 (Address) 4710 Liberty Hts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Jan. 12 1934

20 UNDERTAKER F. Vernon Keefner

ADDRESS 1532 Hollins St.

E 97263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Anna U. Uhlmann

(a) Residence: No. 1102 Montpelier St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Paul Uhlman

DATE OF BIRTH (month, day, year) March 17, 1873.

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Mensch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Harry Uhlman
(Address) 1102 Montpelier St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 13, 19 34

UNDERTAKER Harry L. Wittke
(Address) 4101 Edmondson Ave.

FILED JAN 12 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1934 to January 10, 1934.
I last saw h[illegible] alive on January 10, 1934 Death is said to have occurred on the date stated above, at 9:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension,	
2. Arteriosclerosis, hypertrophy & dilatation,	
3. Auricular fibrillation,	
4. Congestive pheumonia, terminal	
Other contributory causes of importance:	
1. Terminal congestion of lungs - kidneys - ureters.	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) S. M. Wagenseller M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97264

97264

CERTIFICATE OF DEATH

82-661 Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 906 Madison Ave (St.) 24-01 (Ward)

rth of residence in city or town where death occurred 30 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Nannie Matthews

(a) Residence: No. 906 Madison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Col	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Chas H. Matthews

TE OF BIRTH (month, day, year) Jan 29-1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 Yrs

RTHPLACE (city or town) (State or country) Va

NAME Chas Dawson

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME unknown

BIRTHPLACE (city or town) (State or country) Va

FORMANT Rev Chas H. Matthews

Address) 906 Madison Ave

RIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/12/07

DERTAKER Mrs. Geo. H. Foreland

Address) 1611 Druid Hill Ave

FD. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1907

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. H. Funk M. D.

Coroner

(Address) Home

c.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7265 131 E 97265

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Myrtle ST. 14-61 WARD)

2-FULL NAME Sarah E. Turner

(a) RESIDENCE NO. 1405 Myrtle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

If married, widowed, or divorced (or) HUSBAND of WIFE of: Richard

6 DATE OF BIRTH (month, day, and year): Oct. 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 03

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Richard Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant (Address): Thomas Turner 1405 Myrtle

Filed 1/2 1934 Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1934

17 I HEREBY CERTIFY, That I attended deceased from 12/16/33, 19..., to 1/10/34, 19..., that I last saw her alive on 1/9/34, 19..., and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal Disease

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Butler, M. D.

1/11, 1934 (Address) 425 N. Carlton Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 1/12/1934

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1631 Druid Hill

B 97266 ✓ E 97266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2723 W. Baltimore St. 10-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles L. Schaub

(a) Residence: No. 2804 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen A. Schaub

DATE OF BIRTH (month, day, year) Dec 27th 1907

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	—	12	16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoeworker 073

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Oilcloth Mfg Co

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
Sept 1933	3 yrs

BIRTHPLACE (City or town) Baltimore
(State or country) Md

13. NAME OF FATHER Frederick L. Schaub

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME OF MOTHER Margaret Dash

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

INFORMANT Evelyn M. Schaub

(Address) 2723 W. Baltimore St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date 1/12/34

UNDERTAKER J. B. Hepburn & Son

(Address) 1500 Eutaw Place

FILED Jan 12 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th 34

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1933 to Jan 9 1934

I last saw h. alive on Jan 8 1934 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Mycobacterium	2 Wks
Pulmonary Edema	12 hrs
Other contributory causes of importance:	
Pulmonary Tuberculosis	1933 Sept 17

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold Kahn M. D.

(Address) 1127 N. Eutaw St

M. & T.—10M—6-32 E 97267

E 97267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-00

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

OF BALTIMORE: (No. Mercy Hospital 18-01 WARD)

2 FULL NAME Howell M. Evans

3 RESIDENCE NO 4506 Hutton Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
White	Married

Married, widowed, or divorced WIFE of Mary A. Evans

6 DATE OF BIRTH (month, day, and year) June 15th 1869

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	27	

7 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Salesgirl 018

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

8 BIRTHPLACE (city or town) Cardiff Wales

(State or country)

9 NAME OF FATHER Howard M Evans

10 BIRTHPLACE OF FATHER (city or town) Cardiff Wales

(State or country)

11 MAIDEN NAME OF MOTHER Isabel Rees

12 BIRTHPLACE OF MOTHER (City or town) Cardiff Wales

(State or country)

13 Informant Mary A. Evans

(Address) 4506 Hutton Av

Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16th 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Jurors (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture Skull, Hemorrhage, Internal injuries, Shock, Traumatic

Duration: (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Auto accident

Duration: (duration) 4 months yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4506 Hutton Av

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Fenton M. D. Coroner

12/13/1934 (Address) 700 Cleveland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cemetery Pa Mt Lebanon - Mt Lebanon

DATE OF BURIAL June 13 1934

ADDRESS

20 UNDERTAKER H. B. Shepherd & Son 1302 Eutaw

D. B. 1265-9

E 97268

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97268

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 664 W. Saratoga St. 4-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Elizabeth Green

(a) Residence: No. 664 W. Saratoga St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	col	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Herbert J. Green

6. DATE OF BIRTH (month, day, year) June 6. 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) North Hampton Co Va

13. NAME Robert Satchel

14. BIRTHPLACE (city or town) (State or country) North Hampton Co Va

15. MAIDEN NAME Mariah Jones

16. BIRTHPLACE (city or town) (State or country) North Hampton Co Va

17. INFORMANT Ida A Glover

(Address) 713 N Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date Jan 12, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED JAN 12 1934, 19 ... Registrar. 1771

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3d, 1934, to Jan 9th, 1934

I last saw h[er] alive on Jan 9th, 1934. Death is said to have occurred on the date stated above, at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia three days	1-6-34

Other contributory causes of importance:

Nephritis for an indefinite period 30 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? urine Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E. B. Easter M. D.

(Address) 605 N Franklin St

E 97269 ✓ E 97269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80164 9

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adelaide Parker

(a) Residence: No. 1611 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	—

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 8-1933

AGE Years	Months 3	Days 3	If LESS than 1 day, ... hrs. or ..... min.
	3 weeks		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Ray Parker

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Adelaide Tillery

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 13 1934

UNDERTAKER Robert V. Williams

(Address) 15-15 McElderry St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-23-1933 to 1-11-1934

I last saw her alive on 1-11-1934. Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	4 wks
Pneumonia - Bronchial	3 weeks
Encephalitis	2 wks
Non Edema	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Manas S Heyl M. D.

(Address) Johns Hopkins Hosp

C. D. B. Form 2 E 97270 ✓ E 97270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bello city Hospital Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Walbon Wills.

(a) Residence: No. 0829 Sempson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Wills.

DATE OF BIRTH (month, day, year) May 1 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Harford Co.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Pt.
(Address)

BURIAL, CREMATION, OR REMOVAL 13

Place Pleasant Rest Cem. Jan 16 1934

UNDERTAKER Robert F. Williams
(Address) 1515 McElderry St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/17 1933 to 1/7 1934

I last saw him alive on 1/7 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 mo
Other contributory causes of importance Pyopneumothorax (rt)	2 weeks

Name of operation Thoracotomy Date of 12/29/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Barry M. D.

(Address) Bello City Hosp

M. D. B. 3-8-9 E 97271 E 97271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lieut. Col. Frank Thorpe

(a) Residence: No. Pikesville, Md. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mrs. Frank Thorpe

7. DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Army Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 51

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ft. Hamilton, N. Y. (State or country)

13. NAME Gen. Frank Thorpe

14. BIRTHPLACE (city or town) Mass. (State or country)

15. MAIDEN NAME Hulbert

16. BIRTHPLACE (city or town) Conn. (State or country)

17. INFORMANT Hospital record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Wash. D.C. Date Jan. 13, 1934

19. UNDERTAKER Frank T. Trewell

(Address) Pikesville Md.

FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1934 to Jan. 10, 1934

I last saw him alive on Jan 10 1934 Death is said to have occurred on the date stated above, at 10:23 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Jan 7
Pneumococcus septicaemia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray + Blg. Culture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Richard France, M. D.

(Address) Union Memorial Hosp.

C.—1-30—M. & T.—250 Blks

E 97272

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97272

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 149 N. Lakewood Ave. ST.) (WARD)

2-FULL NAME Baby Dobrzykowski

(a) RESIDENCE NO. 149 N. Lakewood Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	—

If married, widowed, or divorced
(or) HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 12, 1934.

7 AGE	Years	Months	Days	If LESS than 1 day 3 hrs. or min.
Premature		birth		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Michael Dobrzykowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Helen Kotowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant Michael Dobrzykowski

(Address) 149 S Lakewood Ave

Filed [illegible] 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12, 1934.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1934. to Jan. 12, 1934.

that I last saw him alive on Jan. 12, 1934.

and that death occurred, on the date stated above, at 6 & 04 m.

The CAUSE OF DEATH* was as follows:

Premature birth
(1 mos)

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? P. E. & S.

(Signed) John J. Kruger, M. D.

, 19 (Address) 2617 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary. DATE OF BURIAL Jan 12 1934

20 UNDERTAKER Fred Ozarowski ADDRESS 1900 Eastern Ave.

E 97273

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

7273

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) (Ward) 11-C

Length of residence in city or town where death occurred? 40+ yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Keyes

(a) Residence: No. 418 W. Hoffman St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Keyes (Dead)

DATE OF BIRTH (month, day, year) ? 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME George Burry

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Kitty Burry

16. BIRTHPLACE (city or town) (State or country) W. Va.

INFORMANT Sharon Barlow (Niece)

(Address) 2125 Reed St. Petersburg Fla.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 1/12/34 19

UNDERTAKER John M. Thomas & Bro.

(Address) 1400 Pennsylvania Ave. Huntington West Virginia

FILED 1-13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1934 to Jan 7, 1934

I last saw ~~her~~ alive on Jan 7, 1934 Death is said to have occurred on the date stated above, at 8:12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7 days
Arteriosclerosis general	?

Other contributory causes of importance:

Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. P. Magruder M. D.

(Address) Balt. City Hospitals

D. H. 1268-9

Grave 1 & 2

97274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of Caroline St. 2-06 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Unknown

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Over	45			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Unknown

10. NAME Unknown

11. BIRTHPLACE (city or town) (State or country) Unknown

12. MAIDEN NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Jun 13, 1934

UNDERTAKER

(Address)

FILED 1934, 19 6

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Accidental Drowned	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury June 6, 1934

Where did injury occur? Foot of Caroline St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of Injury Drowned

Nature of Injury ..

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1305 N Fallsway

M. D. B. 1268-0

E 97275

7275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 S. Wolfe St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S. If of foreign birth? 40 yrs. — mos. — ds.

2. FULL NAME Jadwiga Novak

(a) Residence: No. 207 S Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Kazymier Novak

DATE OF BIRTH (month, day, year) About Not known

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
About	69	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Jos. Novak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Rose Peterson

(Address) 417 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan. 13, 1934

19. UNDERTAKER Wm S. Fralkowski

(Address) 2007 Eastern Ave.

FILED Huntington Williams Registrar.

JAN 1934 H. F. K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1933 to Jan 9, 34, 19...

I last saw h... alive on Jan 8, 1934 Death is said to have occurred on the date stated above, at 10 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	about 7 days
Other contributory causes of importance:	
Grippe	2 wks

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Helle M. D.

(Address) 1937 Eaton St

M. D. B. 1268-9

97276 E 97276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 0-01 St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Burningham

(a) Residence: No. 200 Valley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William Burningham

DATE OF BIRTH (month, day, year) 5-3-8

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6 75	"			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Virginia (State or country)

13. NAME David Wayne

14. BIRTHPLACE (city or town) ..... (State or country)

15. MAIDEN NAME Julia Linahan

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Sister Superior (Address) Little Sisters of the Poor 1201 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 13, 1934

19. UNDERTAKER Ritz Weddefeld

(Address) 914 Cumberland Ave

20. FILED Jan 13, 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 January, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Jan 12 1934

I last saw h.. alive on Jan, 1934 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7 D

Other contributory causes of importance:

Chr Endocarditis
Acute Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) L. McCarthy M. D.

(Address) [illegible]

M. D. B. 1268-9

E 97277

7277

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Thirty third St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Harry (Minnie) Davis

(a) Residence: No. 212 East 20th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Davis

6. DATE OF BIRTH (month, day, year) Oct. 5, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. practical nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Williamsport Penna.

13. NAME Francis Riddell

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Anna Leighterley

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT ~~Husband~~ ~~Sister~~

(Address) Mrs Harry Davis

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 13th 1934

19. UNDERTAKER Wm Cook

(Address) 12 E St Paul St

Huntington Williamsport Md

Filed 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from December 23 1933 to January 10th 1934

I last saw h.e alive on Jan. 16th 1934 Death is said to have occurred on the date stated above, at 2.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection left hand	12-9-33
Diabetes Mellitus	
Cerebral Thrombosis	1-8-34

Other contributory causes of importance:

Name of operation Incision & Drainage Left hand Date of 12-16-33

What test confirmed diagnosis? Sign or Symptom? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Steele M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

E 97278

HEALTH DEPARTMENT—CITY OF BALTIMORE

97278

CERTIFICATE OF DEATH

144-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 1-01 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mon. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Josephine Mastrocola

(a) Residence: No. 103 S. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
WIFE of Michael Mastrocola

DATE OF BIRTH (month, day, year) 3/18/1911

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Dominick Ravita

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Lena Poncicello

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Husband

(Address) 103 S. Chester St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 15th 1934

UNDERTAKER Frank V. Pipitone

(Address) 2818 E. Baltimore St

FILED 1934 Harrington Williams [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/6 1934 to 1/10 1934

I last saw her alive on 1/10 1934 Death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Partum Hemorrhage	
Post Partum Shock	

Other contributory causes of importance:

Sub-Involution of Uterus

Name of operation Low Forceps Date of 1/10/34

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Aloha F. Lowther M. D.

(Address) Bon Secours Hosp.

D. B 1268-9

E 97279

97279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 Laurens St., 14-01 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Thos Hicks

(a) Residence: No. 520 Laurens St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 19-1907

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	26	2	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) L. C.

8. NAME Thos. Hicks

9. BIRTHPLACE (city or town) (State or country) L. C.

10. MAIDEN NAME Frances Harrington

11. BIRTHPLACE (city or town) (State or country) L. C.

INFORMANT (Address) Hattie Preston 505 Hoffman

BURIAL, CREMATION, OR REMOVAL Mt Auburn Date Jan 15 1934

Place

UNDERTAKER Sam'l T. Chase Inc

(Address) 63 E. N. Ave

Huntington Williams, M.D. Registrar.

Jan 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Funk Coroner M. D.

(Address) Coroner

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97280

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1305 N. Montford St., 8-01 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John H. Orth

(a) Residence: No. 1305 N. Montford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Theresa orth

TE OF BIRTH (month, day, year) March 21/1881

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	9	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 03

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME John Orth

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Frank Orth
(Address) 3006 Chesterfield Ave

URIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 13 1934

NDERTAKER Chas M. Smith & Son
(Address) 811 W. Lexington St.

LED JAN 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 11/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/11/34

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home-Disconnected feed pipe in

Manner of injury closet 2nd floor rear &

Nature of injury locked door from within.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John H. Ehrlich Coroner, M. D.

(Address) 508 E Lorman

B. 1268-9

E 22281

HEALTH DEPARTMENT—CITY OF BALTIMORE

22281

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Hopkins Hospital St. 8-W Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Erma H. Gallagher

(a) Residence: No. 3323 Lyndale Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph P. Gallagher

TE OF BIRTH (month, day, year): July 7/1900

E	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	33	6	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country): Baltimore, Md.

NAME: Francis H. Schroder

BIRTHPLACE (city or town) (State or country): Balto., Md.

MAIDEN NAME: Kate S. Schilling

BIRTHPLACE (city or town) (State or country): Balto., Md.

FORMANT (Address): Joseph P. Gallagher, 3323 Lyndale Ave

RIAL, CREMATION, OR REMOVAL

Place: Balto. Cemetery Date: 1/15/34 19

NDERTAKER (Address): Jno. A. Krause & Son, 703 Lemmon St.

Huntington Williams M.D. Registrar

LED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 11/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Cardiac Air Embolus	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 1/11/34

Where did injury occur? Hospital/ Balto., Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hopkins Hospital

Manner of injury While being treated for

Nature of injury Pneumo-thorax

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Haussen Coroner, M. D.

(Address) 508 E North Ave

D. H. 1268-9

ME 97282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97282

210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital (St., 25-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Martha T. Bayne

(a) Residence: No. 1st. Ave. Landsdowne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced WIFE of John Raj Bayne

DATE OF BIRTH (month, day, year) Feb 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in home

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md

10. NAME James A Hurst

11. BIRTHPLACE (city or town) (State or country) Baltimore

12. MAIDEN NAME Anna Hogan

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. INFORMANT Mrs. Donald Wood

(Address) Relevant, Md.

15. BURIAL, CREMATION, OR REMOVAL

Place New Cath Cemetery Date 1/15/34 19

16. UNDERTAKER Fred L. Thanner & Son

(Address) [illegible]

17. FILED 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 to Jan 19 34

I last saw her alive on Jan 11 19 34 Death is said to have occurred on the date stated above, at 6-15 P m.

The principal cause of death and related causes of importance were as follows:

Depressed Fracture of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation Decompression Date of 1/12/34

What test confirmed diagnosis none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/10 1934

Where did injury occur? 3rd Ave nr. Landsdowne (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking on road.

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Edwards Coroner M. D.

(Address) 2402 E Monument St

M. D. R. 1268-0

✓ E 97283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 26 Ward

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William F. Gabriel

(a) Residence: No. 814 S. Eaton St. City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Gabriel

DATE OF BIRTH (month, day, year) Oct. 20, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME OF FATHER Isaac Deese

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Lennings

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Margaret Gabriel.

(Address) 814 S. Eaton St.

BURIAL, CREMATION, OR REMOVAL

Place Zion Luth Cem Date Jan 14 1934

UNDERTAKER Leslie Lassahn & Son

(Address) 7201 Belair Road

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16 1933 to Jan. 11 1934

I last saw him alive on Jan. 11 1934 Death is said to have occurred on the date stated above, at 5 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	

Other contributory causes of importance:

Fracture of Humerus - left
Acute Retention.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? accident Date of injury Dec. 12, 33

Where did injury occur? Eaton St - City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

How did injury occur? Slipped & fell

Nature of injury Fracture of Humerus Left

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gordon H. Colvin M. D.

(Address)

D. B. 1268-9

✓ E 97284

7284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1717 Fulton ave St., 19-Gl (Ward)

Length of residence in city or town where death occurred 4/ yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ellen Moore Patterson

(a) Residence: No. 1717 Fulton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of James F. Patterson

DATE OF BIRTH (month, day, year) March 30-1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Indiana

13. NAME Anderson Moore

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Gordon

16. BIRTHPLACE (city or town) (State or country) Ky

INFORMANT Ethel Patterson

(Address) 1717 Fulton ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 15 1934

UNDERTAKER J. H. Armistead Sons

(Address) 1201 W. Lexington St.

1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1933 to Jan. 11 1934

I last saw her alive on Jan. 11 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	Jan 7 34

Other contributory causes of importance:

Myocarditis.
Chr. Interstitial Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Herbert J. Blake, M. D.

(Address) 714 Med. and Sci. Bldg

H. D. B. 1268-B

E 97285

97285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Dorchester Rd. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dara L. Waters

(a) Residence: No. 3500 Dorchester Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: John L. Waters

DATE OF BIRTH (month, day, year): ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Md.

13. NAME: ? Hill

14. BIRTHPLACE (city or town) (State or country): Fred. Co. Md.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Mrs. Howard Schindler

(Address): 3500 Dorchester Rd

BURIAL, CREMATION, OR REMOVAL

Place: Mount Ridge Date: Jan 13 1934

UNDERTAKER: Wm. J. Pickett Son

(Address): North & Pa Ave.

Huntington Williams

1034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from October 1 1933 to January 10 1934

I last saw h.. alive on January 10 1934 Death is said to have occurred on the date stated above, at 1.10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1922
Other contributory causes of importance: Endarteritis Obliterans	5 mo
Gangrene of Rt Foot	5 mos

Name of operation: — Date of: —

What test confirmed diagnosis? Urinary Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reuben T. Freeman M. D.

(Address) 6 East Biddle St

E 97286

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 18-01 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Lockett

(a) Residence: No. 1207 W. Mulberry St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) July 2, 1901

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Lockett

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Ada Gardner

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION OR REMOVAL Baltimore 1/13 1934

Place Date

UNDERTAKER Samuel T. Douglas

(Address) 578 N. Eutaw St

FILED ... 19... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1933 to Jan 10 1934

I last saw him alive on Jan 10 1934 Death is said to have occurred on the date stated above, at 11 A. m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Ca-cinoma of Pancreas	early
with metastasis to liver	Oct 1933
pericardium etc.	

Other contributory causes of importance:

Name of operation Dec 26 1933 Two days to stomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert K. Daniels M. D.

(Address) Johns Hopkins Hospital

Z. D. B. 1268-9

E 97287

97287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. 16-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Kelly

(a) Residence: No. 1609 West Lexington St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Divorced

If married, widowed, or divorced: BUSBAND of (or) WIFE of Mary Kelly

DATE OF BIRTH (month, day, year) Aug 24, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Howard Co Md.

13. NAME Samuel Kelly

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Miss Saddie Naughten

(Address) 1319 Saratoga St

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cem. Date Jan 4th 34

UNDERTAKER Edgar O'Meara

(Address) [illegible]

JAN 3 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-6- 1932 to 1-8 1934

I last saw him alive on 1-8- 1934 Death is said to have occurred on the date stated above, at 6 45 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of colon; — Date of onset ?

Other contributory causes of importance:

Chronic myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) J. R. Bourg M. D.

(Address) Balto City Hosp.

M. D. B. 1268-0

✓ E 97288

7288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 McCulloh St. 14-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Hite

(a) Residence: No. 1806 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Hite

DATE OF BIRTH (month, day, year) 1857

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME OF FATHER Grandison Hite

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Lucy Hite

(Address) 1806 McCulloh

BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Jan 13th 1934

UNDERTAKER Archibald D. Gaglisi

(Address) 1401 McCulloh St

FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1933 to Jan 10 1934

I last saw him alive on Jan 10 1933. Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis & Pericarditis	

Other contributory causes of importance: None

Name of operation None Date of .....

What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos. Townsend M. D.

(Address) 704 E Fayette St

ec.—8-16-29—L. F. S.—100 Bks.

E 97289

HEALTH DEPARTMENT—CITY OF BALTIMORE

97289 131

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1517 Argyle ST. 14-a WARD)

2—FULL NAME Ernest Harden

(a) RESIDENCE NO. 1517 Argyle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored.	married

f married, widowed, or divorced HUSBAND of (or) WIFE of Jannie Harden

ATE OF BIRTH (month, day, and year) — 1886

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	47			

CCUPATION OF DECEASED

a) Trade, profession or particular kind of work Laborer 040

b) General nature of indostry, business, or establishment in which employed (or employer) —

c) Name of employer —

RTHPLACE (city or town) Richmond Va
State or country)

0 NAME OF FATHER Unknown

1 BIRTHPLACE OF FATHER (city or town)
(State or country) "

2 MAIDEN NAME OF MOTHER "

3 BIRTHPLACE OF MOTHER (city or town)
(State or country) "

Informant Jannie Harden

(Address) 1517 Argyle ave

Filed 1934 Hearing in Pittsville, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 11 1934

17 I HEREBY CERTIFY, That I attended deceased from April 12 1933, to Jan 11 1934,

that I last saw him alive on Jan 5 1934,

and that death occurred, on the date stated above, at 8.45 P m.

The CAUSE OF DEATH* was as follows:

Cardio Valvular Disease and Nephritis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) —

(doration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Thos J Bradbridge, M. D.

1/12, 1934 (Address) 703 W Lafayette Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Jan 13 1934

ADDRESS 1303 Pennsylvania ave

20 UNDERTAKER Thomas E. Kelson

ACo. 5-31 250B

E 97290

HEALTH DEPARTMENT—CITY OF BALTIMORE

7290

CERTIFICATE OF DEATH

82-001

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Altamont Hotel St. 11-01 Ward)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 0 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Ellicott Carey

(a) Residence: No. Altamont Hotel St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Murdock

6. DATE OF BIRTH (month, day, year) June 11 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	7	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME James Carey

14. BIRTHPLACE (city or town) (State or country) Bath Md.

15. MAIDEN NAME Susan Kirby

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT James Carey Jr.
(Address) 3801 Greenway Guilford

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 13 1934

19. UNDERTAKER Henry W. Jenkins Sons Co
(Address) 111 E. Lafayette Ave

Huntington Ave

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1933, to Jan 11, 1934
I last saw him alive on Jan 11 1934 death is said to have occurred on the date stated above, at 4 20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	Probable
Arteriosclerosis	

Other contributory causes of importance:

Cerebral Hemorrhage	2 days

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W A Murphy M. D.
(Address) 1403 Eutaw Ave.

D. B. 1268-9

✓ M E 97291

HEALTH DEPARTMENT—CITY OF BALTIMORE

97291

CERTIFICATE OF DEATH

209

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial 1412-01 St., 12 Ward)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Casper George Woodall

(a) Residence: No. 2833 St. Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E Woodall

6. DATE OF BIRTH (month, day, year) July 6 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Queen Anne Co
(State or country) Maryland

13. NAME Lewis Woodall

14. BIRTHPLACE (city or town) Queen Anne Co
(State or country) Md

15. MAIDEN NAME Rebecca Stollings

16. BIRTHPLACE (city or town) Queen Anne Co
(State or country) Md

17. INFORMANT Mrs Mary E Woodall wife
(Address) 2833 St Paul St

18. BURIAL, CREMATION, OR REMOVAL Date Jan 13 19 34
Place Cherry Hill Md

19. UNDERTAKER Stewart & Co.
(Address) Huntington Ave & Mt Royal Ave

20. FILED 1934 Jan 13 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? 3x Paul st
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public st

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John Morrison M. D.

(Address) 303 E Orland ave

Form 1268-9

✓ E 97292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alvina Rybicki

(a) Residence: No. 2002 Fountain St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 11-19-1930

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Md

13. NAME John Rybicki

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Cecelia Urbanowska

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Jan 15 1934

UNDERTAKER John J. McElroy

(Address) 430 S. Chester St

FILED JAN 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1934, to Jan 12, 1934.

I last saw her alive on Jan 12, 1934. Death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Jan 7 34

Other contributory causes of importance:

None —

Name of operation None — Date of

What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur H Hurd M. D.

(Address) Johns Hopkins Hospital

✓ E 97293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Walters Jr. (a Wallace)

(a) Residence: No. 117 Welcome St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Walters

7. DATE OF BIRTH (month, day, year) April ? 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50?	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Robert Walters Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Maggie Palmer

16. BIRTHPLACE (city or town) (State or country) Accomac Co, Va

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem Date 1/13/34 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 1811 Montgomery St

FILED 19 Harrington Richardson Registrar

1 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1934 to Jan 10, 1934

That I saw ~~him~~ alive on Jan 10, 1934 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagel M. D.

(Address) Balt City

pec.—9-30—A. & Co.—250 Bks

E 97294

97294 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

131

REGISTERED NO.....

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 768 George ST. 17-01 WARD)

2-FULL NAME Ida King

(a) RESIDENCE NO. 768 George ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1871

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	62	?	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): La

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant: Ruby Taylor

(Address) 768 George

Filed 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 10, 34

17

I HEREBY CERTIFY, That I attended deceased from Dec 20, 1933, to Jan 10, 1934

that I last saw her alive on Jan 10, 1934

and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J McKee M. D.

1-11, 1934 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn Cem.

DATE OF BURIAL 1/13 1934

UNDERTAKER Bernard O'Hanley

ADDRESS 818 Druid Hill Ave.

E 97295

HEALTH DEPARTMENT—CITY OF BALTIMORE

97295 V 131

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Druid Hill ST. 13-01 WARD)

2-FULL NAME Isaac Tilghman

(a) RESIDENCE NO. 2018 Druid Hill ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Estella

6 DATE OF BIRTH (month, day, and year): ? 1877

7 AGE

Years	Months	Days	If LESS than 1 day: hrs. or min.
56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Chas. Tilghman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 9 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov, 1933, to Jan 9, 1934,

that I last saw h[illegible] alive on Jan 9, 1934,

and that death occurred, on the date stated above, at 9:10 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstit Nephritis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Coronary Sclerosis Hypertension

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) C. F. Uhrig, M. D.

1/10, 1934 (Address) 1429 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Informant (Address): Estella Tilghman 2018 Druid Hill

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 1/13/1934

20 UNDERTAKER: H. Hooper H. Holland

ADDRESS: 1631 Druid Pk. Dr.

Filed 1934

Registrar

H. D. B. 1268-8

E 97296

97296 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

158

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 N. Gilmore St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Thomas

(a) Residence: No. 1107 N. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Baby

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Sept. 1933

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	4	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME J. L. Thomas

14. BIRTHPLACE (city or town) (State or country) Weldon N. C.

15. MAIDEN NAME Lily Clay

16. BIRTHPLACE (city or town) (State or country) Weldon N. C.

INFORMANT J. L. Thomas
(Address) 1107 N. Gilmore

BURIAL, CREMATION, OR REMOVAL
Place Immaculate of Md Date Jan 13, 1934

UNDERTAKER [illegible]
(Address)

FILED Jan 13, 1934 Registrar.

0036

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/11, 1934, to 1/13, 1934

I last saw her alive on 1/13, 1934 Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify

(Signed) W. O'Bowman, M. D.

(Address) University Hosp.

M. D. B. 1268-9

E 97297

97297

28078?

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 27-61 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Shanahan

(a) Residence: No. 3932 Dolfield Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Irene

DATE OF BIRTH (month, day, year) 2-21-1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	38	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — N. H.

13. NAME Daniel Shanahan

14. BIRTHPLACE (city or town) (State or country) — Ireland

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) — Ireland

17. INFORMANT (Address) — Records

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan. 15 1934

19. UNDERTAKER Joseph Lyter

(Address) 1610 W. North Ave

Huntington Williams M.D.
Registrar.

37934

RFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to Jan 12, 1934

I last saw him alive on Jan 12, 1934 Death is said to have occurred on the date stated above, at 12:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleuritis, heart disease	?
Other contributory causes of importance:	
Pulmonary edema	1/10/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carmichael Gilpin, M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

E 97298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1298 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 N. McKean Ave St. 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jennie Madden

(a) Residence: No. 1131 McKean Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Charles Madden

DATE OF BIRTH (month, day, year) March 28, 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Samuel Watson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Margaret Holmes

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Mrs Annie Gallagher

(Address) 1131 McKean Ave.

BURIAL, CREMATION, OR REMOVAL

Place Bethel Date Jan. 15. 1934

UNDERTAKER Martin Fahey Towers

(Address) 1221 N. Broadway

FILED 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1933 to Jan 11, 1934

I last saw her alive on Jan 11, 1934 Death is said to have occurred on the date stated above, at 5:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Right Hemiplegia	

Other contributory causes of importance:

Chr. Nephritis.

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. E. O'Hannon M. D.

(Address) 200 N. Pulaski St.

H. D. B. 1268-9 E 97299 E 97299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (Name) Baltimore City Hospitals (St.) 7-21 (Ward)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Young

(a) Residence: No. 639 W Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emeka Young (Dead)

7. DATE OF BIRTH (month, day, year) Dec. 19 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40		23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Floyd Young

14. BIRTHPLACE (City or town) (State or country) Pocomoke Md

15. MAIDEN NAME Edan ?

16. BIRTHPLACE (city or town) (State or country) Pocomoke Md

INFORMANT Friends
(Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Jan 15 1934

UNDERTAKER Dennis Eaton
(Address) 916 E Fayette

FILED Jan 14 1934 Huntington Feltheimer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1934 to Jan. 12 1934

Last saw h alive on Jan 12 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency & congestive failure	2 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I P Trapnell M. D.

(Address) Balt City Hospitals.

M. D. B. 1265

E 97300

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97300

23 V

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 17-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Oliver Gordon

(a) Residence: No. 401 Peter st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 18, 1893

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) Washington
(State or country) D. C.

13. NAME John H. Gordon

14. BIRTHPLACE (city or town) Leonardtown
(State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country) Unknown

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL? Cremation
PLACE Emmanuel Date Jan 15 1934

UNDERTAKER Reed Funeral Home
(Address) 216 Park ave

FILED ..... 19 ..... by ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1933 to January 11, 1934

I last saw him alive on January 11, 1934 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TBC	Oct 1933

Other contributory causes of importance:

none	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. W. Jacobson M. D.

(Address) Baltimore City Hospitals

E 97301

E 97301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1—PLACE OF DEATH Notre Dame Convent

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 901 Aisquith Street ST. 10-01 WARD)

2—FULL NAME Sr. M. Liberata Elizabeth Hartman

(a) RESIDENCE NO. Convent of Notre Dame ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov. 19, 1857

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	1	23	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer Srs. of Notre Dame

10 BIRTHPLACE (city or town) Buffalo N.Y.
(State or country)

11 NAME OF FATHER Valentine Hartmann

12 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

13 MAIDEN NAME OF MOTHER Margaret Neubert

14 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

Informant Srs. of Notre Dame

(Address)

Filed Jan 15 1934 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 12, 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1934 to Jan. 12, 1934,

that I last saw her alive on Ja. 11, 1934

and that death occurred, on the date stated above, at 2.15 P.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
acute dilatation Heart

(duration) yrs. mos. 11 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) F J Kirby, M. D.

1/13, 1934 (Address) 1106 Northern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Notch Cliff Md. DATE OF BURIAL Jan 15 1934

20 UNDERTAKER Frank A. Fink ADDRESS 918 N. Gay St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97302 E 97302

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Fannie Crystal

(a) Residence: No. 5627 Belair Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob

DATE OF BIRTH (month, day, year) 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Max Schwartz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Reba

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Blvd. Date 1/14/34 19

UNDERTAKER Jack Levin Inc.
(Address) 1439 E. Balto. St

FILED 1/14 19 34 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1934 to Jan 12 1934

I last saw h.r alive on Jan 12 1934. Death is said to have occurred on the date stated above, at 6.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Chronic Myocarditis; Cardiac Insufficiency; Diabetes Mellitus	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Weiner M. D.

(Address) Sinai Hospital

L. D. B. 1268-9

97303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97303

CERTIFICATE OF DEATH

73

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 40 yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Bash

(a) Residence: No. 127 Aisquith St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) England

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Date 1/14/34 19

UNDERTAKER Jack Levy Inc

(Address) 1739 E Balto St.

FILED 1934 Immigration Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1934 to 1-13, 1934

I last saw h. alive on 1-13, 1934 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Splenic anemia (Banti's)	4 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Katzenstein, M. D.

(Address) Sinai Hospital

E 97304

E 97304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V186-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Goldie Greenstein

(a) Residence: No. 2037 E. Baltimore St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Gershon

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Russia

12. NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Russia

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Russia

16. INFORMANT Hospital Records

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 1/14/34 19

18. UNDERTAKER Jack Lewis Inc

(Address) 1434 E. Balto St.

19. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 13/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal?)	
Other contributory causes of importance: Contusion Of Rt Shoulder	Jan 6/34
Arteriosclerosis	??

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 6/34

Where did injury occur? In Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps 2nd to 1st floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. Cain M. D.

Coroner

(Address) 1086 N Wolfe

D. B. 1268-6

E 97305

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97305

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 828 Druid Hill Ave, St. 17-C Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Carter

(a) Residence: No. 828 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Richard Carter.

DATE OF BIRTH (month, day, year) 1873.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook, Gl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm Tolson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rebecca L.

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mary Eileen Carter
(Address) 828 Druid Hill Ave

BURIAL, CREMATION, OR REMOVAL Last Auburn Date 1/14, 1934

UNDERTAKER [illegible]
(Address) [illegible]

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934 to Jan 11, 1934

I last saw him alive on Jan 10, 1934 Death is said to have occurred on the date stated above, at 11A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parenchymatous Nephritis	14 yrs

Other contributory causes of importance:

Arteriosclerosis	
Cardiac Decompensation Generalized Anasarca	14 yrs
Hypertension	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Tilghman M. D.

(Address) 1429 E Monument St

M. D. B. 1268-9 E 97306

E 97306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marcus Noll (Mole)

(a) Residence: No. 2300 Bryant Ave St., Balto. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lute Sarah

DATE OF BIRTH (month, day, year): 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 45

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Getzel Noel

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Celia Unkover

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Isidore Noel

(Address) 2300 Bryant ave

BURIAL, CREMATION, OR REMOVAL

Place: Levis Hebrew Fun Date: Jan 14 19 34

UNDERTAKER: Sol Levinson & Bro

(Address) 1127 E Baltimore St

FILED: JAN 14 19 34 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1933 to Jan. 12, 1934

I last saw h.. alive on Jan. 12, 1934 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	

Other contributory causes of importance:

Generalized Arteriosclerosis	?
Coronary Sclerosis	?
Diabetes Mellitus	?

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Stanford Clayman M. D.

(Address) Sinai Hospital

D. P. 12[illegible] E 97307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97307

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1102 Walnut Rd St., 28-01 Ward)

How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds.

FULL NAME Paul D. Kooms

(a) Residence: No. 1102 Walnut Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Iris Kooms

DATE OF BIRTH (month, day, year) May 6 1893

AGE: Years 40 | Months 8 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10C

8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto Md.

10. NAME Robt L. Kooms

11. BIRTHPLACE (city or town) (State or country) Frederick Md

12. MAIDEN NAME Elizabeth J. Firely

13. BIRTHPLACE (city or town) (State or country) Fred. Md.

14. INFORMANT Iris Kooms 1102 Walnut Rd

(Address)

15. BURIAL, CREMATION, OR REMOVAL Mt Ridge Cemetery Date Jan 17 1934

16. UNDERTAKER Chas. S. Black

(Address) 742 W. North ave

17. FILED Jan 17 1934 Huntington Hillman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Pistol wound of brain.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Suicide Date of injury Jan 13 1934

Where did injury occur? 1102 Walnut Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Shot with pistol

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Klenk Coroner, M. D.

(Address)

M. D. [illegible] 97308

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97308

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3817 Chatham Rd St., 15-01 (Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo Yost

(a) Residence: No. 3817 Chatham Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Mary E.

6. DATE OF BIRTH (month, day, year) Dec 29-1854

7. AGE: Years 79 | Months 1 | Days 4 13 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Molder

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Geo Yost.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Geo K Yost

(Address) 3817 Chatham Ave

BURIAL, CREMATION, OR REMOVAL JAN 13 1934

Place Frederick Md/ Date 19

UNDERTAKER Geo H Enle

(Address) 2700 Edmondson Ave.

FILED [illegible] Registrar.

JAN 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 19 34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
1 year.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was an autopsy made?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner M. D.

(Address) Coroner

A&Co. 5-11 2508

E 9730 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 125 E 97309

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen'l. Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward S Hoffman

(a) Residence: No. Lansdowne, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel S. Hoffman

DATE OF BIRTH (month, day, year) Nov. 21-1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R. R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME J. Sturge Hoffman Supt.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Hoffman (Address) Lansdowne Md.

BURIAL, CREMATION, OR REMOVAL Place London Pk Date 1/16 1934

UNDERTAKER L. Few & Son (Address) 130 E Fort Ave.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21 1933, to Jan. 12 1934

I last saw him alive on Jan. 12 1934 death is said to have occurred on the date stated above, at 3:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Liver Abscesses	11/1/33
Mesenteric abscess	12
Myocardial failure	1/9/34

Other contributory causes of importance:

Name of operation Incision of Abdominal wall for mesenteric abscess Date of 12/13/33

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. McL. Currie M. D.
(Address) So. Balto. Gen'l. Hosp.

M. D. B. 1268-9

97310 HEALTH DEPARTMENT—CITY OF BALTIMORE 97310

CERTIFICATE OF DEATH

45 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 605 Harvey St (24-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas E. Kraft

(a) Residence: No. 605 Harvey St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isabelle V Kraft

DATE OF BIRTH (month, day, year) Nov. 8 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John P. Kraft

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Sarah E. Hoffman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs. Isabelle Kraft
(Address) 605 Harvey St

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Date Jan. 16 1934

UNDERTAKER J. Few McCully
(Address) 130 E. Fort Ave

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1933 to January 13 1934
I last saw h[illegible] alive on January 13 1934 Death is said to have occurred on the date stated above, at 3 15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Pneumonia~~ Carcinoma of Stomach	10/33

Other contributory causes of importance:

Chronic Nephritis	Long

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify
(Signed) Benjamin Muller M. D.
(Address) 130 Wilkens Ave

M. D. B. 1268 E 97311 ✓ E 97311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 2nd St. Brooklyn Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Margaret Glas

(a) Residence: No. 3610 2nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Glas

6. DATE OF BIRTH (month, day, year) May 12 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lena Glas

(Address) 3610 2nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 15 1934

19. UNDERTAKER John F. Denny

(Address) 715 Light St

Huntington W. Va. Registrar.

FILED 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1933 to Jan 11 1934

I last saw h[er] alive on 1/10 1934. Death is said to have occurred on the date stated above, at 2:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933

Other contributory causes of importance:

Senile Cataract & Bronchitis

Name of operation None Date of X

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X 19..

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Max Banks M. D.

(Address) 1320 E. Chase

E 97312

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97312

82-002

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Hospital 25-01 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Sarah E. Smiles

(a) Residence: No. 3703 6th St Brooklyn Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J. Smiles

DATE OF BIRTH (month, day, year) June 5 1875

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
58	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Hazelwood Mississippi

12. NAME John Proffet

13. BIRTHPLACE (city or town) (State or country) Va

14. MAIDEN NAME Virginia Carter

15. BIRTHPLACE (city or town) (State or country) Tuskumbia

INFORMANT Mr Harold Smiles

(Address) 3703 6th St Brooklyn

BURIAL, CREMATION, OR REMOVAL Place Birmingham Ala Date Jan 17 1934

UNDERTAKER John F. Feeney

(Address) 715 Eighth St

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1934 to Jan 12, 1934

I last saw her alive on Jan 12 1934 death is said to have occurred on the date stated above, at 6.45 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Jan 10 1934
Other contributory causes of importance: Terminal Pneumonia	Jan 11 1934

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... —, 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Michael J Wiecek, M. D.

(Address) Lt & Balto Dem. Hosp.

H. D. B 1261-9

E 97313

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97313

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pearline Bordley

(a) Residence: No. 563 Baker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Owen T. Bordley (age) March 7, 1874

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Westminster Md.

13. NAME George W Bell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Frances C. Elder

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records (Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL Place Elmwood Cem. Date 1/17/34

UNDERTAKER Mrs. George L. Kelly (Address) 1618 Druid Hill Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1934

22. I HEREBY CERTIFY That I attended deceased from May 7 1933 to Jan 11 1934

I last saw her alive on Jan 11 1934. Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis ?	?
Nephritis, arteriosclerotic	?
Subarachnoid hemorrhage	terminal

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Magee M. D.

(Address) Balt City Hosp.

H. D. B. 1268-B

E 97314

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97314

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infy St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 7 mos. 14 dys. How long in U. S. If of foreign birth? yrs. mos. dys. 34 7 14

2. FULL NAME Rosalie Kohler Gibson

(a) Residence: No. 3233 Pennsylvania Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. G. Gibson

DATE OF BIRTH (month, day, year) May 30/1899

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
34	7	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Balto. Md.

18. NAME Henry J. Kohler

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Anna M. Bergmann

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Wm. G. R. Gibson (husband)

(Address) 3233 Pennsylvania Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan. 16 1934

UNDERTAKER Newton & Sons Co.

(Address) 845 W. Fayette St.

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1933 to Jan 13 1934

last saw h[illegible] alive on Jan. 13 1934 Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease mitral stenosis & insufficiency Thrombo-phlebitis (multiple).	
Other contributory causes of importance: Bilateral hydrothorax	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David H. Andrew M. D.

(Address) Church Home & Infirmary

Spec.—9-30—A. & Co.—250 Bks

E 97315 ✓ E 97315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1825 E. Chase St 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Herbert Nedester Giles

(a) RESIDENCE NO 1825 E. Chase St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 1 yrs. — mos 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec. 14. 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	—	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Frank Pierce Giles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hanover Co, Va.

12 MAIDEN NAME OF MOTHER Katherine Bland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Woodsdale N.C.

Informant Frank Giles
(Address) 1825 E. Chase St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/13/34

17

I HEREBY CERTIFY, That I attended deceased from Jan 3, 1934 to Jan. 13, 1934

that I last saw him alive on Jan. 10, 1934

and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Whooping Cough (Pertussis)

(duration) yrs. about mos. 14 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Wayne Brown M. D.

19 (Address) 1500 E. madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hanover Co Va — DATE OF BURIAL: Jan 15 1934

20 UNDERTAKER: Robert F. Williams — ADDRESS: 1515 McElderry St

D. B. 1268-9

E 97316

HEALTH DEPARTMENT—CITY OF BALTIMORE

97316

CERTIFICATE OF DEATH

181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 26-24 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Amelia B. Bowdon

(a) Residence: No. 3607 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph A. Bowdon

6. DATE OF BIRTH (month, day, year) Dec 13-1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Peter Friedlein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Vondran

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph A. Bowdon

(Address) 3607 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Jan 16 1934

19. UNDERTAKER John C. Miller

(Address) 2435 E. Biddle St.

20. FILED Jan 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 . Death is said

I last saw h alive on

to have occurred on the date stated above, at 7-25 a m

The principal cause of death and related causes of importance were as follows:

Shock from 2nd degree Burns Non-Conflagration

deceased

Other contributory causes of importance:

Heart trouble

Date of onset

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury , 19

Where did injury occur? 3607 E. Fayette
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Catching Clothes on Burner

Nature of injury Scalding Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) H. Kemp Mc Donald, M. D.
Coroner

(Address) 1402 Hollins St.

M. D. B. 1268-B E 97317 ✓ E 97317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Balt. Gen. Hospital St., 11 Ward)

Length of residence in city or town where death occurred 85 yrs. 4 mos. 19 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mr. Charles Nassau Parkinson

(a) Residence: No. 1309 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Norris

DATE OF BIRTH (month, day, year) Aug. 24, 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ice Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Charles Parkinson

14. BIRTHPLACE (city or town) ---------
(State or country) ---------

15. MAIDEN NAME Amelia Barker

16. BIRTHPLACE (city or town) ---------
(State or country) Maryland

17. INFORMANT Miss Margaret M. Campbell
(Address) 2118 N. Charles Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 1/15 19 34

19. UNDERTAKER Henry W. Meares & Son
(Address) 800 N. Eutaw & Street

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1934 to Jan. 12, 1934
I last saw him alive on Jan. 12, 1934 Death is said to have occurred on the date stated above, at 7:03 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset Jan 10, 1934

Other contributory causes of importance:

Cardiac Failure — Jan 12, 1934

Name of operation None Date of —

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John [illegible] M. D.

(Address) West Baltimore General Hospital

E 97318

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97318

50

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Walbrook Ave. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Otilia Beck

(a) Residence: No. 1902 Walbrook Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward L Beck

DATE OF BIRTH (month, day, year) March 1, 1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thos R Bradley

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Sarah C Mackenzie

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

INFORMANT Thos R Bradley

(Address) 1902 Walbrook Ave

BURIAL, CREMATION, OR REMOVAL

Place Fenton Park Date Jan 15th 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED JAN 16 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from January 8 1934 to January 11th 1934

Last saw her alive on January 11 1934 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Congestive Heart-Failure.	
Sarcoma.	about
Lungs (Mesenteric Portion)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W O Grant, M. D.

(Address) 3600 Granada

H. D. B. 1268-a.

E 97319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97319

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Maryland Ave St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Richmond Jones

(a) Residence: No. 2119 Maryland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George H. Jones

7. DATE OF BIRTH (month, day, year) about 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S.

13. NAME Mahonon Richmond

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Addison E. Middleton

(Address) 100 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 15, 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED Jan 14 1934 Hamilton P. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1934 to Jan 12 1934

I last saw her alive on Jan 12 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	1-6-34

Other contributory causes of importance:

Chr. Interstitial Nephritis.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos. C. Blake M. D.

(Address) 719 Mercantile Bldg

D. B. 1268-9

E 97320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97320

104-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Whitney W. Jones, Jr.

(a) Residence: No. 2811 Guilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 22, 1917

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Whitney W. Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Julia Kaiss

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 15 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1934 to Jan 12 1934

I last saw h[illegible] alive on Jan 12 1934. Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Atrial Luminitis	12 days
Pneumococcic Meningitis	9 days

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

D. B. 1268 E 97321 ✓ M E 97321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 8-E Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E Cole

(a) Residence: No. 3341 Ravenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 17, 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cross, Blackwell

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London, England

13. NAME of Father Cole England

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME of Mother Maud ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. Jacks. (Address) Cross & Blackwell Co.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 16 TA, 19 34

19. UNDERTAKER Wm Bon (Address) 1217 E Fayette St

20. FILED Jan 16 1934 Huntington Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from ngmy 19 . to 19 .

I last saw h alive on ngmy 19 . Death is said to have occurred on the date stated above, at 9.35 A m.

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of Injury 1/12, 1934

Where did injury occur? North Ave W of Mt Royal (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of Injury Auto he was driving

Nature of Injury collided with a Safety Beacon

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Cokonny Coroner M. D.

(Address) 2200 E Madison St

D. B. E 97322 Lennon Guilford + 32nd ✓ E 97322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 E. 29th St., 9-01 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Carpenter

(a) Residence: No. 1606 E. 29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married, widowed, or divorced~~ (or) WIFE of John E. Carpenter

DATE OF BIRTH (month, day, year) Nov 22nd 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) La Plata (State or country) Md

13. NAME Richard E. Murdock

14. BIRTHPLACE (city or town) La Plata (State or country) Md

15. MAIDEN NAME Mary E. Morris

16. BIRTHPLACE (city or town) La Plata (State or country) Md

INFORMANT Mrs Ruby C. Hriss

(Address) 1602 E. 29th St.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1/15/ 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933, to Jan 13, 1934

I last saw her alive on Jan 13, 1934. Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypostatic Pneumonia	1-8, 34
Other contributory causes of importance: Arterio Sclerosis, Chronic Interstitial Nephritis	3.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alma B. Lennon, M. D.

(Address) 718 N Patterson Park Ave

M. D. B. 1268-9 E 97323

E 97323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 266 E. Preston St. 20th Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret Miller

(a) Residence: No. 266 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Margaret Miller

DATE OF BIRTH (month, day, year) Sept 5 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Pa. Pa.

13. NAME John Albert Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Dieffenbacher

16. BIRTHPLACE (city or town) (State or country) Pa. Pa.

17. INFORMANT Geo. H. Miller

(Address) 266 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dawson Park Date Jan 16. 1934

19. UNDERTAKER Wm. Fox

(Address) 1217 E. Fayette St.

FILED . 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23 1932 to Jan 13 1934

I last saw him alive on Jan 12 1934 Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis general & Cerebral & Hypertension	8/1932
Pachymeningitis Hemorrhagica Interna	9/12/32
Other contributory causes of importance: Bronchopneumonia Terminal	1/9/34

Name of operation None Date of

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott W. Johnson M. D.

(Address) 2432 Eutaw Ave

E 97324

E 97324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 774 03 × 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roy Spicer

(a) Residence: No. 921 N. Durham St., ... Ward. Cape Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

If married, widowed, or divorced — HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 1-21-16

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Tom Spicer

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Minnie Johnson

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address)

BURIAL, CREMATION, OR REMOVAL Cambridge Md. Date Jan 14 34

UNDERTAKER Lewis H Bayne

(Address) 201 Race St Cambridge

FILED Jan 14 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-2, 1933 to Jan 12, 1934

I last saw him alive on Jan 12, 1934 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Neurofibroma with sinus left chest cavity caused great respiratory embarrassment pulmonary oedema before death — Date of onset Dec 1933.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R Carmichael Tilghman M. D.

(Address) Johns Hopkins Hospital

50 M & T—10-B-6-31 E 97325 ✓ M E 97325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Flall Road 7

CITY OF BALTIMORE: (No.) Elmwood Ave. ST. 14-01 (WARD)

2-FULL NAME Martha Gant

(a) RESIDENCE NO 529 Wilson St. W Lan R ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: John Gant

DATE OF BIRTH (month, day, and year): 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58				

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Launders
(b) General nature of industry, business, or establishment in which employed (or employer): 041
(c) Name of employer

BIRTHPLACE (city or town) (State or country): North Hampton Va.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: John Gant

(Address) 529 Wilson St.

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 12th 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured skull, and internal injuries (struck by a street car accident)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Morrissey, M. D. Coroner

19 (Address) 363 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery

DATE OF BURIAL: Jan 13th 1934

20 UNDERTAKER: Theodore A. Haddis

ADDRESS: Mc Culloh St

H. D. B. 1268-B E 97326

E 97326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No. 27-01 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .. yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Mrs Clara Carroll

(a) Residence: No. 2211 Rogers ave St., .. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William Cabroll 1861

DATE OF BIRTH (month, day, year) Oct 17th 1861

AGE Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
73	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Sabra Houghton

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Marion V. Hurst

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Clara Carroll

(Address) 2211 Rogers ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 16 1934

UNDERTAKER Wm Cook

(Address) 1217 E Baltimore St

FILED JAN 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-6-34, 19.. to 1-14, 1934

I last saw her alive on 1-13-34, 19.. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast — Date of onset

Other contributory causes of importance:

Myocarditis

Name of operation Mastectomy Date of 1-9-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. [illegible] M. D.

(Address) 1211 Cathedral St.

M. D. B. 1268-9

E 97327

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97327

51

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 St. Paul St. 12-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Mann

(a) Residence: No. 2101 St. Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
BUSBAND of (or) ~~WIFE of~~ Eleanor Mann

DATE OF BIRTH (month, day, year) June 20/76

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Montgomery Ward Co
10. Date deceased last worked at this occupation (month and year) June 15 33
11. Total time (years) spent in this occupation 11 yrs
12. BIRTHPLACE (city or town) (State or country) London
13. NAME OF FATHER James Mann
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME OF MOTHER Unknown
16. BIRTHPLACE (city or town) (State or country) England
17. INFORMANT Mrs Eleanor Mann
(Address) 2101 St Paul St
18. BURIAL, CREMATION, OR REMOVAL Glenwood Cem. Woodlawn
Date 1/16 34
19. UNDERTAKER William Corse
(Address) 1217 St Paul Street
20. FILED 1/15 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5 1933 to Jan 14 1934
last saw him alive on Jan 13 1934 Death is said to have occurred on the date stated above, at 1.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of urinary bladder	
about June 1931 -	
metastasis to glands	
of pelvis and ilium	
bone - (right).	
Other contributory causes of importance:	
General Weakness -	
cachexia -	
since July 5th 1933	

Name of operation Removal of bladder Date Oct 18/33
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Carroll Lockard M. D.
(Address) 4 E Preston St

E 97328

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97328

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5 Penn St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Scott,

(a) Residence: No. 5 Penn St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Solon W. Richson

14. BIRTHPLACE (city or town) Balto.
(State or country) Md

15. MAIDEN NAME Richson

16. BIRTHPLACE (city or town) ...
(State or country) Md

INFORMANT Mamie Boyle
(Address) 5 Penn St

BURIAL, CREMATION, OR REMOVAL
Place Iron Em Date 1/15 19 34

UNDERTAKER Samuel H. Hemley
(Address) 528 N. Biddle St

FILED 1934 ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/4 1934 to 1/12 1934

I last saw her alive on 1/12 1934. Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1/9/34

Other contributory causes of importance:

Chronic Parenchymatous Nephritis	about 2 mos

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify no

(Signed) Thos Courtney M. D.

(Address) 519 N. Castellas

M. D. B. 1268-B

E 97329

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97329

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: Balt. City Hospitals 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Zelinski (Valinski)

(a) Residence: No. 38 Albemarle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Zelinski (Valinski)

DATE OF BIRTH (month, day, year) 1873?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME of Father Abraham Zelinski (Valinski)

14. BIRTHPLACE (city or town) (State or country) Russia ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records
(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 1/18/34 19

UNDERTAKER Peter Lewis Inc.
(Address) 1439 E. Baltimore St.

FILED 1-19-34 19 [illegible] Registrar.

15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933 to Jan 17, 1934

that I saw him alive on Jan 17, 1934 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage left & hemiplegia, right	3 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Phagel M. D.

(Address) Balt. City Hosp.

M. D. B. 1264-a E 97330

E 97330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

9-01

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 E. 20th St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose A. Leonard Mc.Govern

(a) Residence: No. 532 E. 20th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Micheal Mc.Govern

7. DATE OF BIRTH (month, day, year) 10-12-1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85 86	3	-----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Leonard

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Farrell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Agnes Mc.Govern

(Address) 532 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Jan. 15 19 34

19. UNDERTAKER Mary M. Wigfield

(Address) 501 E. 33rd St.

FILED 1934 at ... M. 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1933 to Jan 12 1934

I last saw h.. alive on Jan 11 1934 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4 mos.

Other contributory causes of importance:

Chr. Nephritis

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Byrnes, M. D.

(Address) 1512 E. Baltimore

M. D. B. 1268 E 97331

E 97331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 99

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 26-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Steven Amreihn (Amreihn)

(a) Residence: No. None St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) February 17 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76 ?	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Jacob Amreihn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Reese

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Records
(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date January 16 1934

UNDERTAKER Jerome Hoed & Sons Inc.
(Address) 301 E. Eager St.

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1930 to Jan 14, 1934.
I last saw him alive on Jan 14, 1934. Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1 month
Arteriosclerosis	

Other contributory causes of importance:
Senility

Name of operation ... Date of ... None
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. E. Frazier M. D.
(Address) Balt. City Hosp

M. D. B. 1268-9

E 97332

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97332

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 8-01 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Robinson

(a) Residence: No. 1508 N. Dallas St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2/23/33

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Sam Robinson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Emma Thomas

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 15 1934

UNDERTAKER Mrs R. A. Elliott

(Address) 1129 N. Carrollton

FILED Jan 15 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1934 to Jan 13 1934

I last saw h[illegible] alive on Jan 13 1934 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Jan 5
Emphysema	Jan 10

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] S. Herbst M. D.

(Address) Johns Hopkins Hosp

M. D. B. No. E 97333 E 97333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital 30-01 (Registered No. V 108)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Charles Schaeffer, Charles W. Schaeffer

(a) Residence: No. 3520 Frederick ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Winifred B. Schaeffer

DATE OF BIRTH (month, day, year) January 14, 1888

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	46	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) January 7, 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Frank J. Schaeffer

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Ella Hughes

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

INFORMANT Mrs. Winifred B. Schaeffer

(Address) 3520 Frederick Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 17 1934

UNDERTAKER J. B. Cook

(Address) 1003 W. Baltimore St.

FILED Jan 15 1934 [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1934 to Jan. 14, 1934. I last saw him alive on Jan 14, 1934. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (At. Lung)	1/9/34

Other contributory causes of importance: —

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John C. Dreuler, M. D.

(Address) St. Agnes Hospital.

D. B. 2268-K E 97334 ME 97334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hosp. St. 7-7-81 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Noah Ellsworth Kirk

(a) Residence: No. 5345 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Nettie M. Kirk

6. DATE OF BIRTH (month, day, year) August 10, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mr. Kreiner

10. Date deceased last worked at this occupation (month and year) Jan. 12, 1934

11. Total time (years) spent in this occupation 24 years

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME Noah Kirk

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

15. MAIDEN NAME Agnes Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Noah Kirk

(Address) 5345 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Jan. 15 1934

19. UNDERTAKER Joseph B. Cook

(Address) 1003 N. Baltimore St.

FILED Jan 15 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from wgun 19 to wgun 19

I last saw him alive on wgun 19 Death is said to have occurred on the date stated above at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Base of Skull	
Other contributory causes of importance: Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/13 1934

Where did injury occur? Reisterstown Rd & Newburn Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across the street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify no

(Signed) Joseph Pokorny, M. D. Coroner

(Address) 2200 E. Madison St.

E 97335

E 97335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 North Calvert Street St., 12-01 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Lewis Beall

(a) Residence: No. 2404 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertram A. Beall

DATE OF BIRTH (month, day, year) Sept. 19th 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Westmoreland Co., Virginia

13. NAME John B. Lewis

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Virginia S. Briggs

16. BIRTHPLACE (city or town) (State or country) Woodville Miss.

INFORMANT (Address) Bertram L. Beall 2404 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 16th 1934

UNDERTAKER (Address) Hopkins & Co., 1003 West Balto St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1933 to Jan 13 1934

I last saw h[illegible] alive on Jan 13 1934 Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	24 hrs.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Charles E. Clark M. D.

(Address) 3214 Piedmont Ave.

M. D. B. 1200 E 97336 E 97336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 93-09

1. PLACE OF DEATH Jenkins Memorial Hosp. Registered No. 25-81

CITY OF BALTIMORE: (No. 1000 Eaton Ave. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand Carlon Roland

(a) Residence: No. Opity Home - Catonsville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie B. Roland

DATE OF BIRTH (month, day, year) Sept. 4" 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Penna

13. NAME Aaron S. Roland

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Elizabeth McDonough

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Jenkins Memorial Hosp.
(Address) 1000 - Eaton Ave.

BURIAL, CREMATION, OR REMOVAL
Place Reading Penna Date 1/15 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul Street

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to Jan. 13 1934.
Last saw deceased alive on Jan 13 1934 Death is said to have occurred on the date stated above, at 1:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/9/34
Other contributory causes of importance:	
Hypertension - Arteriosclerosis	?
Chronic Myocarditis	?

Name of operation None Date of —

What test confirmed diagnosis? Clinically was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) John C. Dunlap M. D.
(Address) St. Agnes Hospital

...c.—2-29-28—L. F. S.—500 lbks.

97337

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97337

CERTIFICATE OF DEATH

V H6

REGISTERED NO. 8-91

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1759 E. North Ave ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gerald James Lyons

(a) RESIDENCE NO. 1759 E. North Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mrs Lillie Bullard Lyons

DATE OF BIRTH (month, day, and year) Febry 20-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Supt. of Construction for Anundel Co.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Anundel Comp'y.

BIRTHPLACE (city or town) (State or country) Chester Co. Pa.

NAME OF FATHER Dennis Lyons.

BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

MAIDEN NAME OF MOTHER Mary McNeil

BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Howell L. Lyons

(Address) 1759 E. North ave

Filed JAN 15 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jany 14. 34

17 I HEREBY CERTIFY, That I attended deceased from Oct 17. 1933 to Jany 14. 1934

that I last saw h~~e~~ alive on Jany 13. 1934

and that death occurred, on the date stated above, at 2.200 m.

The CAUSE OF DEATH* was as follows:

Cancer of Liver

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) Geo. C. Shannon, M. D.

1/14 1934 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 15 1934

20 UNDERTAKER Wm J Tschner & Son — ADDRESS North Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 97338

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Duncan

(a) Residence: No. 1004 N. Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet

DATE OF BIRTH (month, day, year) 7-4-1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME John Duncan

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Leather acres

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date Jan. 15th 1934

UNDERTAKER Boyd Thomas & Knight

(Address) 1 W Madison St

FILED Jan 15 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN - 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1934 to Jan 11 1934

I last saw him alive on Jan 11 1934. Death is said to have occurred on the date stated above, at 4 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Hypertension - arteriosclerosis	
Cardiac hypertrophy	

Other contributory causes of importance:

Syphilis - Syphilitic aortitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Maynichael Leighman M. D.

(Address) Johns Hopkins Hospital

E 97339

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 97339

CERTIFICATE OF DEATH

34 REGISTERED No. C

(PLACE OF DEATH

CITY OF BALTIMORE (No. 711 N Calhoun ST 16-01 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2 FULL NAME Mattie Brown

(Residence in Baltimore: No. 711 N Calhoun St.: 3[illegible] yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word): Married

DATE OF BIRTH: March (Month), [illegible] (Day), 1877 (Year)

AGE: 56 yrs. 10 mos. ds. If LESS than 1 day, hrs. or min.?

OCCUPATION (a) Trade, profession, or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

BIRTHPLACE (State or country): Greenville S. C.

10 NAME OF FATHER: J. S. Barnes

11 BIRTHPLACE OF FATHER (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Emma Byrd

13 BIRTHPLACE OF MOTHER (State or country): S. C.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Thornton Mauzy

(Address) 711 N Calhoun St.

[illegible] 1934 191 Huntington W. Virginia

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January (Month) 11 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Jan 11 1934 that I saw her alive on Jan 11, 1934 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Hemoplegia

(Duration) yrs. mos. 28 ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) I. S. Hawkins M. D.

Jan 13 1934 (Address) 1202 Hull Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death 10 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: Jan 15, 1934

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 3221 Schroeder St

H. D. B. 1265-9

E 97340

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97340

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 Harlem av St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. — mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Kate Meyer.

(a) Residence: No. 2419 Harlem av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chas E. W. Meyer.

DATE OF BIRTH (month, day, year) Sept 11 1852

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Hanover
(State or country) Germany.

13. NAME John Henry Kobinsogle

14. BIRTHPLACE (city or town) Hanover
(State or country) Germany.

15. MAIDEN NAME Marie Mollmann

16. BIRTHPLACE (city or town)
(State or country) Germany.

17. INFORMANT Mrs Amelia Weller.
(Address) 2419 Harlem av

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date Tues Jan 16th 1934

19. UNDERTAKER Jos. Wm. Young Son
(Address) 2502 Edmondson ave

20. FILED Jan 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1933 to January 13, 1934

I last saw h[illegible] alive on January 12, 1934. Death is said to have occurred on the date stated above, at 7:12 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder, Liver and Intestines	unknown

Other contributory causes of importance:

none.

Name of operation none Date of —

What test confirmed diagnosis? P. S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Riland. M. D.
(Address) 2532 Edmondson av.

M. D. B. 1268-9

E 97341 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 97341

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 15-9 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 11 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph E Johnson.

(a) Residence: No. 4002 Belleview Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Jan 31 1849

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Samuel Johnson.

14. BIRTHPLACE (city or town) (State or country) a.

15. MAIDEN NAME Susanna Nigolet (NIGHET)

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Susie Watts niece

(Address) 2117 E. Biddle St.

BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Cem. Date Jan 17 1934

UNDERTAKER John F. Denny

(Address) 715 Light St.

FILED JAN 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1930 to Jan 14, 1934

I last saw him alive on Jan 14, 1934 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteroptosis	?
Senility	?
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

D. B. 1268-9

E 97342

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97342

CERTIFICATE OF DEATH

165v

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 201 S. Bentalou St. St. 20-A Ward)

Length of residence in city or town where death occurred 26 yrs. ---mos. ---dy. How long in U. S. If of foreign birth? ... yrs. ---mos. ---ds.

2. FULL NAME Matthew L. Eichner.

(a) Residence: No. 201 S. Bentalou St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of Louise Eichner.

7. DATE OF BIRTH (month, day, year) January 3, 1860

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	0	10	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME OF FATHER John Eichner.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME OF MOTHER Louisa Pfalzer.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Louise Eichner. (Wife)
(Address) 201 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkton, Md. Date June 16, 1934

19. UNDERTAKER F. C. Hubbard & Son
(Address) 1300 Eutaw Place

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by hanging.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1/13/34 19

Where did injury occur? 201 S. Bentalou St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Hanging.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Otto M. Reinhardt, M. D.
If any, specify) Coroner

1/15/34 (Address) 1017 S. Charles St.

H. D. B. 1268-B

E 97343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97343

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Frederick Av St. 20-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Haupt

(a) Residence: No. 2810 Frederick St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1/14/34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.
—			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Bernard L. Haupt

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Margaret M. Mullen

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

INFORMANT Mrs. J. Haupt

(Address) 2810 Frederick St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 1/15/34

UNDERTAKER F. R. Hebert & Son

(Address) 1300 Eutaw Place

FILED 1/15/34 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/14 . 1934 . to 1/14/34 . 19 ...

I last saw h(e) alive on 1/14/34 . 19 ... Death is said to have occurred on the date stated above, at 11:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (1st mo.)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Bernard L. Levy, M. D.

(Address) 910 W. Lombard

M. D. B. 1268-9

E 97344 HEALTH DEPARTMENT—CITY OF BALTIMORE E 97344

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 - Halcyon Ave. St. 27-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Dittell

(a) Residence: No. 2706 - Halcyon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie L. (Schultheis)

DATE OF BIRTH (month, day, year) 7/12/1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Opr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. USF&GCo. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Fred. Dittell

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME ? Waters

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Marie S. Archer

(Address) 2706-Halcyon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/16/34 19

19. UNDERTAKER George J. Ruth Sons

(Address) 1735-Harford Ave.

20. FILED JAN 15 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933 to Jan 13 1934

I last saw h[illegible] alive on Jan 13, 1934 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Nov.

Other contributory causes of importance: Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Geo. J. Zimmerman M. D.

(Address) 1757 Harford Rd

E 97345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97345

95-002

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Peter J. Wolf

(a) Residence: No. 1806 Barclay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 26, 1849

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Mount Wolf
(State or country) Md.

13. NAME Michael Wolf

14. BIRTHPLACE (city or town) .....
(State or country) Germany

15. MAIDEN NAME Eva Seifert

16. BIRTHPLACE (city or town) .....
(State or country) Germany

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 1/16 19 34

UNDERTAKER Henry H. Mears & Son
(Address) 502 N. Calvert St.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1934 to Jan 12, 1934

I last saw him alive on Jan 12, 1934. Death is said to have occurred on the date stated above, at 5-50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	?
Emphysema and Chronic Bronchitis	?
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. T. Burns, M. D.

(Address) Mercy Hosp.

M. D. B. 1268-9

E 97346

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97346

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 16-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Carr

(a) Residence: No. 914 Boyd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (Baltimore ?)
(State or country) Maryland

13. NAME James Carr

14. BIRTHPLACE (city or town) Va
(State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

INFORMANT Records
(Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Universal Cem. Date Jan 15 19 37

UNDERTAKER .....
(Address)

FILED ..... 19 ..... Registrar.

0040

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22 1936 to Jan 12 1937

I last saw him alive on January 12 1937 Death is said to have occurred on the date stated above, at 1.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?
Myocardial Degeneration	1932
Myocardial failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) I. D. Hazel M. D.

(Address) Balt City Hosp.

D. B. 1268-46

E 97347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97347

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 S Frederick St., 4-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August Gibbs

(a) Residence: No. 2 S Frederick St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) unknown | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

13. NAME Gibbs

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Jan 15, 1934

UNDERTAKER .....
(Address)

FILED Jan 13, 1934 Registrar

0037

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on January 19..... Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Laryngeal Cancer

Duration of Illness

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) James M. Fenton, M. D.
Coroner

(Address) 7 W Lexington

D. B. 126

E 97348 ✓ E 97348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William A Smith

(a) Residence: No. 2 S Frederick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

6. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mausoleum of Md Date Jan 15 1925

UNDERTAKER
(Address)

FILED. 19.. Registrar

0038

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1925

22. I HEREBY CERTIFY, That I attended deceased from ... 19.. to ... 19..

I last saw h... alive on ... 19.. Death is said to have occurred on the date stated above, at 11.15 a m

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

Other contributary causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
Coroner

(Address) 20 N Patterson Park Ave

E 97349

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97349

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Burpin

(a) Residence: No. 812 N. Fremont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of: Unknown

DATE OF BIRTH (month, day, year): Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Unknown

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL: Feb 27 34

Place Funeral Home Date Jan 25, 1934

UNDERTAKER Asst. R. A. Elliott

(Address) 125 S. Caroline St.

FILED JAN 25 1934, 19

0039

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 19 34

22. I HEREBY CERTIFY, That I attended deceased from ——, 19—, to ——, 19—

I last saw h— alive on ——, 19— Death is said to have occurred on the date stated above, at 6:40 m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ——, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Heuisler Jr. M. D. Coroner

(Address) 1725 Fallsway

M. D. P. E 97350

E 97350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Ellamont Rd. 15-06 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelia M. Hopewell

(a) Residence: No. 3503 Ellamont Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry H. Hopewell

DATE OF BIRTH (month, day, year) Feb 24-1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milford Del.

13. NAME OF FATHER Thomas Tomkins Fields

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Tomkins

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry Hopewell

(Address) Gloucester Va

18. BURIAL, CREMATION, OR REMOVAL Christ Church Cemetery

Date 1-18 1934

Place

19. UNDERTAKER Lemuel Ruth

(Address) 3505 Harford Rd

FILED 1-19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/20 1933 to 1/15 1934

I last saw h[illegible] alive on 1/11 1934. Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	11-[illegible]
Coronary Occlusion	1/12/34
Other contributory causes of importance:	
Chronic myocarditis	1924
Arteriosclerosis & Nephritis	1924

Name of operation None Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. A. Elson M. D.

(Address) 3704 Liberty Heights Ave.

✓ E 97351

HEALTH DEPARTMENT—CITY OF BALTIMORE

97351

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 W Hamburg St. 23-01 Ward)

Length of residence in city or town where death occurred 53 yrs 10 mos. ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Barbara Carter

(a) Residence: No. 1420 W Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Clark (?)

DATE OF BIRTH (month, day, year) Mar 1880

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	53	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Sarah Allen

16. BIRTHPLACE (city or town) Balto, (State or country) Md

INFORMANT Grace Holmes
(Address) 1420 W Hamburg

BURIAL, CREMATION, OR REMOVAL
Place Mt. Albion Date 1/15 1934

UNDERTAKER Walter B Gross
(Address) 1311 Lamb St, Huntington Station, N.Y.

FILED 1934 By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1933 to Jan 12, 1934

I last saw h[illegible] alive on Jan 10 1934 death is said to have occurred on the date stated above, at 3.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Jan 3, 34

Other contributory causes of importance:

Cerebral Hemorrhage	Nov 34

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John L. Adams M. D.

(Address) 645 Cathedral St

M. D. B. 1268-9

✓ E 97352

HEALTH DEPARTMENT—CITY OF BALTIMORE

97352

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N. Ballington Ave. Ward) 6-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elnora A. Parcella

(a) Residence: No. 111 N. Ballington Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 26 - 1933

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME OF FATHER Frank Parcella

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME OF MOTHER Josephine Cooper

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mother
(Address) 111 N. Ballington

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 16 1934

19. UNDERTAKER J. Martin & C. Dyer Inc
(Address) 321 Park Ave

20. FILED Jan 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1934 to Jan. 14 1934
I last saw her alive on Jan. 14 1934. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M. C. Porter Jr. M. D.
(Address) 316 So. Patterson Park Ave

M. D. B. 1268-9

✓ E 17353

HEALTH DEPARTMENT—CITY OF BALTIMORE

17353

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4909 Ross Road St. 37-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fletcher M. Bennett

(a) Residence: No. 4909 Ross Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Lee Laura E. Bennett

DATE OF BIRTH (month, day, year) Jan. 27th 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crossing Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Penna RR 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wicomico Co Md.

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Russell Johnson Nephew

(Address) 4909 Ross Road.

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan. 16 1934

UNDERTAKER Lilly & Zeiler Inc.

(Address) 1128 W Baltimore St.

FILED 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from for 10 years to Jan 12 1934

I last saw h— alive on Jan 12 1934 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal — Date of onset 5 yrs

Other contributory causes of importance:

Pulmonary edema 1 Day

Name of operation None Date of

What test confirmed diagnosis Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Standish McAllister M. D.

(Address) 1609 Eutaw Pl

A4Co. 5-31 2508

E 97354

97354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2412 C Lafayette Ave) (Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME George F Schirmer

(a) Residence: No. 2412 C Lafayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Schirmer

DATE OF BIRTH (month, day, year) April 30-1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	75	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor 180

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME August

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Dietz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sophie Schirmer

(Address) 822 Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 16, 1934

19. UNDERTAKER Jos J Newtown

(Address) 1056 N Fulton Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933 to Jan 13, 1934

I last saw him alive on June 12, 1933 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	about 15 mo. ago.

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo Heller, M. D.

(Address) 1937 Gough

M. D. B. 1268-9

✓ E 97355

97355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

109

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto city 16th (Ward)

Length of residence in city or town where death occurred 33 yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME John Chester

(a) Residence: No. 405 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Negro.	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Blanche Chester.

DATE OF BIRTH (month, day, year) ~~Jan~~ 1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Chester.

14. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

15. MAIDEN NAME Katie Cornish

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Blanche Chester

(Address) 405 N. Gilmor Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Jan 16 1934

19. UNDERTAKER Joseph A. Lively

(Address) 409 N. Mount Street

20. FILED 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/30 1933 to 1/14 1934

I last saw him alive on 1/14 1934 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema Rt.	

Other contributory causes of importance:

Pulmonary embolism	

Name of operation Thoracotomy 12/6/33

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. B. Burns M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

✓ E 97356

97356

HEALTH DEPARTMENT—CITY OF BALTIMORE

91-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 E. Richwood ave. St. 7-91 Ward)

Length of residence in city or town where death occurred 20 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Carroll Patrick

(a) Residence: No. 512 E. Richwood ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrna G. Patrick

7. DATE OF BIRTH (month, day, year) June 24 - 1913

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mfg., saw mill, bank, etc. Hotel Lord Balto.

10. Date deceased last worked at this occupation (month and year) 1/12/34

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Joseph Patrick

14. BIRTHPLACE (city or town) (State or country) N. Y. City

15. MAIDEN NAME Isabella Dragna

16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT Isabella Patrick

(Address) 4410 Rhenwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 1/18/ , 1934

19. UNDERTAKER John J. Moran

(Address) 3000 E. Baltimore St.

FILED 1934 Thurston Tillett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1934 to Jan. 14, 1934

I last saw him alive on Jan 14, 1934 Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	
Other contributory causes of importance: Endocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clark F. Benson, M. D.

(Address) 5111 York Rd.

M. D. B. 1268-9

Boynton ✓ E 97357

97357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... St., 20-61 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Boynton

(a) Residence: No. 263 Loretta Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/11/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1 day		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Frederick Ford Boynton

14. BIRTHPLACE (city or town) Carr County
(State or country) Va

MOTHER

15. MAIDEN NAME Florence Mable Hancock

16. BIRTHPLACE (city or town) Camden
(State or country) N.J.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Jan 15 1934

19. UNDERTAKER .....
(Address)

20. FILED .....

5 1936042

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-11-34, 19..., to 1-12-34, 19...

I last saw him alive on 1-12, 1934. Death is said to have occurred on the date stated above, at 11 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Samuel Rubin, M. D.

(Address) Franklin Sq. Hosp.

M. D. B. 1268-9

✓ E 97358

97358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 21-61 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Girl Brooks.

(a) Residence: No. 511 Archer St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word): Single.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 11, 1934

7. AGE: Years | Months | Days: 1 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Newborn. (ditto)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Univ. Hosp. Balto. Md.

13. NAME Emanuel Brooks.

14. BIRTHPLACE (city or town) (State or country): Petersburg, Va.

15. MAIDEN NAME Annie Winfree.

16. BIRTHPLACE (city or town) (State or country): Petersburg, Va.

17. INFORMANT Annie Brooks.
(Address) 511 Archer St.

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date Jan 15 19 34

19. UNDERTAKER .....
(Address) .....

20. FILED ..... 19 ..... Registrar.

1934

0044

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1934 to Jan 12, 1934

I last saw her alive on Jan 12, 1934 Death is said to have occurred on the date stated above, at 12.10 A m.

The principal cause of death and related causes of importance were as follows:

Prematurity. — Date of onset .....

Other contributory causes of importance:

Maternal fever
pneumonia + pyelitis

Name of operation None Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) H. E. Savage, M. D.

(Address) Univ. Hosp.

M. D. B. 1268-9

E 97359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 45

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Father Francis Barry

(a) Residence: No. Clearwater Fla. St., Mbgl. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 9, 1869.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64		4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Catholic priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.C. Church

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Deceased

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Deceased

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rev. Thomas Colreavy (Address) Clearwater, Fla.

18. BURIAL, CREMATION, OR REMOVAL Place Lakeforest, Ill. Date Jan. 15, 1934

19. UNDERTAKER John C. Mitchell & Sons Inc (Address) 1900 Eutaw Place

Dec 6 1934 Huntington, West Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1934 to Jan. 13, 1934

Last saw him alive on Jan. 13, 1934 Death is said to have occurred on the date stated above, at 5:18 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from large vessels of neck on left,	
Carcinoma of Pharynx,	1-13-34.
involving posterior Pharyngeal wall on left.	?

Other contributory causes of importance:

None.

Name of operation. None. Date of ...

What test confirmed diagnosis? Biopsy. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. W. Irish M. D.

(Address) Johns Hopkins Hosp

Spec.—1-10-21—MAT—1500 Blks

E 97360

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97360

131

CERTIFICATE OF DEATH.

REGISTERED NO. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Thornbury Rd ST. 27-01 WARD)

2-FULL NAME Annie Elizabeth McConneghey

(a) RESIDENCE NO. 1808 Thornbury Road ST., WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 8 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced: Wife of Wm. A. McConneghey (or) Wife of John J. Reynolds

6 DATE OF BIRTH (month, day, and year): Sept. 19. 1865

7 AGE: Years 68 Months 3 Days 26 If LESS than 1 day, 12 hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New Orleans, La.

10 NAME OF FATHER: John J. Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Owens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

PARENTS

14 Informant: Mrs. T. D. Brennan

(Address): 1808 Thornbury Road

15 Filed ... 1934 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 15 1934

17 I HEREBY CERTIFY, That I attended deceased from May 15 .1933. to Jan. 15 .1934.

that I last saw her alive on Jan. 15 .1934.

and that death occurred, on the date stated above, at 12.05 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 1 hr dy

CONTRIBUTORY (Secondary): Chronic Nephritis, Chronic Myocarditis

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. H. Beale, M. D.

1-15. 1934 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Jan 16 1934

20 UNDERTAKER: Chas. P. Ward & Son

ADDRESS: 1121 W. Mt. Royal Ave

H. D. B. 1268-9

E 97361

97361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 559 E. 38th. St. 9-01 Ward)

Length of residence in city or town where death occurred 78 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Agnes L. Powell

(a) Residence: No. 559 E. 38th. St. Ward.
(Usual place of abode) (If non-resident give City or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Powell

DATE OF BIRTH (month, day, year) Jan. 12, 1856.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Mrs. Rodgers

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Estelle E. Shreat

(Address) 554 E. 38th St

BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Jan. 16, 1934

UNDERTAKER Wm. G. Black

(Address) 927 N. Broadway

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~May~~ Oct. 10, 1933 to Jan. 13, 1934

I last saw h alive on Jan 13, 1934. Death is said to have occurred on the date stated above, at 1.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease ?	
Other contributory causes of importance:	
Cardiac Decompensation	Oct 1933

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2100 E Madison St

M. D. B. 1268-9

Robert C Ahrens ✓ E 97362

97362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 E. Fort Ave. St., 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Robert C. Ahrens

(a) Residence: No. 432 E. Fort Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Carrie Johnson Ahrens

7. DATE OF BIRTH (month, day, year) July 1st 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman - Sheeter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME A. W. Ahrens

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Carrie Ahrens

(Address) 432 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/16/ 1934

19. UNDERTAKER E. J. Fanning & Son

(Address) 438 E. Fayette Ave

Filed 1/16 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8th 1934 to Jan 13th 1934

I last saw him alive on Jan 13th 1934. Death is said to have occurred on the date stated above, at 12:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other contributory causes of importance:	
Cardiac Decompensation	5 days

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) S. H. Barranco, M. D.

(Address) 436 E. Fort Ave

M. D. F. 1268-9

✓ E 97363

97363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1153 N Chas St. 21-01 Ward)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J. Fleury

(a) Residence: No. 1153 N Chas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND (or) WIFE of Lena Fleury

7. DATE OF BIRTH (month, day, year): June 7-1873

8. AGE: Years 60 | Months 6 | Days 7 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist C31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bartlett Hayward

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Byfield Md

13. NAME of father: Charles J. Fleury

14. BIRTHPLACE (city or town) (State or country): New York

15. MAIDEN NAME of mother:

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Mrs. Lena Fleury 1153 N. Chas St

18. BURIAL, CREMATION OR REMOVAL: Loudenslager Place; Date 1/16/34

19. UNDERTAKER (Address): Geo Lembach 1 Lanvale St

Filed 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3- 1934 to Jan 14 1934

I last saw him alive on Jan 13 1934 Death is said to have occurred on the date stated above, at 3.05a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	8 days
Other contributory causes of importance:	
Influenza	4 days

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Bartlett M. D.

(Address) 1279 William St

M. D. B. 1268-9

E 27364

HEALTH DEPARTMENT—CITY OF BALTIMORE

27364

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St.) 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth 33 yrs. mos. ds.

2. FULL NAME Martin Lennert

(a) Residence: No. 1130 Conkeie St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret [illegible]

DATE OF BIRTH (month, day, year) Dec 1[illegible]

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 62	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Streadon +

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipwork

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) austria

13. NAME Martin Lennert

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mr John Baumann

(Address) 1440 Sturrow St

BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem Date Jan 17 19 34

UNDERTAKER Chas E Stevens

Address 1501 E Fort Ave

FILED Jan 19 1934 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13 . 1934

22. I HEREBY CERTIFY, That I attended deceased from January 5 . 1934 to January 13 . 1934

I last saw him alive on January 13 . 1934 Death is said to have occurred on the date stated above, at 2 02 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
osteogenic sarcoma - left femur - with generalized metastasis especially to lungs.	

Other contributory causes of importance:

1 prostatic hypertrophy with urinary retention	

Name of operation None Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Merkel M. D.

(Address) St. Agnes Hospital

M. D. B. 1208-9

E 92365

92365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. Agnes Hospital Wilkins - Caton Aves St. 28-61 (Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Minard

(a) Residence: No. 112 S Franklintown Rd St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (not WIFE of) Ruth Minard

7. DATE OF BIRTH (month, day, year) Mar 13th 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Harry D. Minard

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Mary Clapp

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mabel Anthony

(Address) 118 Wheeler Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 17th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

1934 By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13 1934 to Jan 14 1934

I last saw him alive on Jan 14 1934 Death is said to have occurred on the date stated above, at 7.03 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Rt Lung)	1/13/34

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. Dunkle M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

E 97366

97366 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 18-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1yr. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edgar Mason

(a) Residence: No. 731 W. Fayette st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

7. DATE OF BIRTH (month, day, year) Jan. 25, 1895

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	11 mos	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Samuel M. Mason

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Alice Anderson

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 17 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. Filed Jan 17 1934 Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1933 to Jan. 14 1934

I last saw him alive on Jan. 14 1934 Death is said to have occurred on the date stated above, at 10.02 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 97367

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

97367

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 E. Lafayette Ave St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Whitmore

(a) Residence: No. 431 E. Lafayette Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellen Whitmore

6. DATE OF BIRTH (month, day, year) Dec. 5, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	- 1	- 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Solomon Whitmore

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Caroline Joy

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Miss Birdie Whitmore

(Address) 431 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Jan. 16, 1934

19. UNDERTAKER Mary M. Wiedefeld

(Address) 501 E. 32nd St.

..... 19..... Registrar.

E. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Jan 14, 1934

I last saw h[illegible] alive on Jan 14, 1934 Death is said to have occurred on the date stated above, at 2.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	1 mo.
Other contributory causes of importance: Septic infection	1 mo.

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. O. Brunette M. D.

(Address) 1279 Bolton St

M. D. B. 1268-3

E 97368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97368

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4902 Morello Rd. St., 27-61 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philipina Heinbockel.

(a) Residence: No. 4902 Morello Rd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of John S. Heinbockel

DATE OF BIRTH (month, day, year) Oct. 22nd 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home - 0

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Not Known.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mrs. Wm. Huckstoll.

(Address) 4902 Morello Rd.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan. 17th 19 34

UNDERTAKER Mrs. Chas. A. J. Rohde

(Address) 2327 Edmondson Ave

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8th 1934 to Jan 13 1934

I last saw h[illegible] alive on Jan 13 1934 Death is said to have occurred on the date stated above, at 1145 P m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia (Test Side)

Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Chas. Smuck M. D.

(Address) 4706 Gough St

H. D. B. 1268-b

E 97369

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97369

CERTIFICATE OF DEATH

173

Registered No. 42-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 5 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Lang

(a) Residence: No. 686 Washington Blvd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 22nd 1909

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett Hayward Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John H Lang.

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Jennie Cadden.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Jennie Weigand. Mother.
(Address) 686 Washington Blvd.

BURIAL, CREMATION, OR REMOVAL

Place MH Christ Date Jan. 18th 1934

UNDERTAKER Bernard C Harle.
(Address) 1000 S Paca St.

FILED Jan 16 1934, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from —, 19, to —, 19

I last saw h— alive on , 19 Death is said to have occurred on the date stated above, at 5 P m

The principal cause of death and related causes of importance were as follows:

Acute Peritonitis
due to Pistol shot
wound of Abdomen

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 1/14, 1934

Where did injury occur? Mt Clare
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Pistol shot Wound

Nature of injury Acute Peritonitis

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) [illegible] M. D.
Attorney

(Address) 1202 Fallsway

D. B 1268-9 E 97370

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97370

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Martina Luthern Church.

CITY OF BALTIMORE: (No. Sharp & Henrietta Sts. St., 16-91 Ward)

Length of residence in city or town where death occurred 63 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Becher.

(a) Residence: No. 103 N. Carey St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) November 10, 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Koehler Mfg. Co.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Ernest Becher.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Magdeline Schaad.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT George Becher. (brother)

(Address) 932 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Paulo David Hill Pk. Date 1-17 1934

19. UNDERTAKER Mrs. Chas. A. G. Rohde

(Address) 2327 Edmondson Ave.

20. FILED ... 19... ... Registrar.

JAN 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.0.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Signed) Otto M. Reinhardt M. D.
Coroner

1/15/34 (Address) 1017 E. Charles St.

M. D. B. 1268-S E 97371 E 97371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emanuel Dixon

(a) Residence: No. 529 Lonesett St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

7. DATE OF BIRTH (month, day, year) Dec 21, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Levi Dixon

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie Holland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 1-17th 1934

19. UNDERTAKER Brown & Jamie & Wright

(Address) 211 N Eutaw St

20. FILED , 19 Registrar.

1 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1934 to Jan 13, 1934

I last saw him alive on Jan 13, 1934 Death is said to have occurred on the date stated above, at 3 15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease with Cardiac Decompensation	over 2 mos.

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

M. D. B. 1206-A E 97372 E 97372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

Registered No. 28-01

CITY OF BALTIMORE: (No. 522 Old Orchard Road St. 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Lee Hutchins

(a) Residence: No. 522 Old Orchard Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Goldie Rowe

7. DATE OF BIRTH (month, day, year) May 12, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attorney-at-law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Charles Lee Hutchins

14. BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

15. MAIDEN NAME Johanna Conroy

16. BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

17. INFORMANT Miss Helen Hutchins
(Address) 522 Old Orchard Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 16, 1934

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED Jan 16 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1933 to Jan. 14, 1934

I last saw h. alive on Jan. 14, 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene L Cassard M. D.

(Address) 514 Vernon Lane.

B. 1268-9

E 97373

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97373

CERTIFICATE OF DEATH

V 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St. 4-01 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edward M Mooney

(a) Residence: No. 46 Mush Market Sp. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

Nov 12 1877

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
6	36	1	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Ealto Md

NAME Thomas Mooney

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Jane Drumond

BIRTHPLACE (city or town) (State or country) Ireland

FORMANT Annie Paul

(Address) 1320 Fremont Ave

RIAL, CREMATION, OR REMOVAL Holy Cross cemetery Date Dec 17 1913

Place

NDERTAKER Henry Tiedt Sons Inc

(Address) 130 E. Eager St.

JDA 1034 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 19 13

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9 P m

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Alcoholism

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Neary M. D.

(Address) 130 N Eden St Coroner

M. D. B. 1268-9

E 97374

E 97374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Evelyn Warter

(a) Residence: No. 3027 Westwood Ave St., ... Ward. .....
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 19. 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

13. NAME George Warter

14. BIRTHPLACE (city or town) Balti - Md
(State or country)

15. MAIDEN NAME Gertrude Leffler.

16. BIRTHPLACE (city or town) Balti, Md.
(State or country)

17. INFORMANT Geo Warter.
(Address) 3027 Westwood.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Jan 16. 1934

19. UNDERTAKER The Fitzhugh Home
(Address) Lafayette

FILED JAN 16 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15. 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-13-34, 19..., to 1-15-34, 19...

I last saw h... alive on 1-15-34, 19... Death is said to have occurred on the date stated above, at 6:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-11-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Richard Trance, M. D.

(Address) Union Memorial Hospital

M. D. R. 1268-9

E 97375

E 97325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 44-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 249 S. East Ave. St. 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Thomas Lee Claytor

(a) Residence: No. 249 S. East Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Claytor

6. DATE OF BIRTH (month, day, year) Jan. 19-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME Joseph Claytor

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

15. MAIDEN NAME Louise Marshall

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Catherine Claytor (Wife)
(Address) 249 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Jan. 16, 34

19. UNDERTAKER M. F. Willis & Son
(Address) 233 N. Jefferson St.

20. FILED ... Registrar.
Jan 15 34

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1933 to Jan 13, 1934.

I last saw h[illegible] alive on Jan 13, 1934. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Jan 13
Other contributory causes of importance:	
Leukemia	about Nov 20?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Chas B Lemmon M. D.

(Address) 718 N Patterson Park Ave

97376 — 200 Blks.

E 97376

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

REGISTERED NO. 12640

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

of BALTIMORE: (No. 1610 N. Gilmor St. 15-01 Ward)

2-FULL NAME James H. Thomas

(a) RESIDENCE NO. 1610 N. Gilmor St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

X	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
	Negro	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) March 7, 1903

E	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	30	10	8	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) St. Thomas Co.

(State or country) Md

NAME OF FATHER James Thomas

BIRTHPLACE OF FATHER (city or town)

(State or country) St. Thomas Co. Md

MAIDEN NAME OF MOTHER Lizzie Coates

BIRTHPLACE OF MOTHER (city or town)

(State or country) St. Thomas Co. Md

Informant Mrs Thompson

(Address) 1613 N. Gilmor St

Filed 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1934

17

I HEREBY CERTIFY, That I attended deceased from Jan 8th 1934 to Jan 15 1934.

that I last saw him alive on Jan 15 1934

and that death occurred, on the date stated above, at 11:50 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. da.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & microscopic

(Signed) Wm H. Watts, M. D.

, 19 (Address) 515 N. Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery Date of Burial: Jan 16 1934

20 UNDERTAKER: Thomas E. Kelson ADDRESS: 1393 Pennsylvania Ave

M. D. B. 1[illegible] E 97377

E 97377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 95002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 N. Carlton St. 14-C (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Gregory

(a) Residence: No. 1615 N. Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Gregory

DATE OF BIRTH (month, day, year) 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME James Barton

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ernest Gregory

(Address) 1615 N. Carlton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/16/34

19. UNDERTAKER Frank E. Kelly

(Address) 343 East [illegible] St.

FILED JAN 16 1934, 19.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15/34

22. I HEREBY CERTIFY, That I attended deceased from 1/10/34, 19.., to 1/15/34, 19.., I last saw h.. alive on 1/15/34, 19.., Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	4/93

Other contributory causes of importance:

Hard work

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Lee Ellis, M. D.

(Address) 4 E. Madison

M. D. B. 1268-9

E 97328 E 97378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 N Bond St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Ruehl

(a) Residence: No. 1531 N Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Ruehl

6. DATE OF BIRTH (month, day, year) March 11 - 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Christian H C Lafrenz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise Jahnel

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. John Ruehl Jr

(Address) 1813 N Washington Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co Date Jan 16 1934

UNDERTAKER John Welch Sons

(Address) 2008 Eutaw St

FILED Jan 17 1934 H. Tipton Gillis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1933 to Jan 12 1934

I last saw h[illegible] alive on Jan 12 1934 Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jacob Frohn M. D.

(Address) 1828 N Mad Ave.

M. D. B. 1268-0 E 97379

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97379

CERTIFICATE OF DEATH

95-001

Registered No. 26801

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4325 Belair Rd 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albertine Hammel

(a) Residence: No. 4325 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year): Mch 22 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME Henry Hammel

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME Mary Reist

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT H. Walter

(Address) 4325 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date Jan 18 1934

19. UNDERTAKER Chas. Ulrich

(Address) 847 N. Eutaw St.

FILED Jan 18 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 1933 to Jan 15 1934, 19

I last saw her alive on Jan 15 1934. Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred J. Kemper, M. D.

(Address) 847 N. Eutaw St.

M. D. B. 126884 E 97380 E 97380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104-002

1. PLACE OF DEATH Sydenham Hospital — 5-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... da. How long in U. S. If of foreign birth * ... yrs. ... mos. ... da.

2. FULL NAME Josephine Fazio

(a) Residence: No. 414 Colvin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — no

6. DATE OF BIRTH (month, day, year) Feb 22, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Salvatore Fazio

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Josephine Maggio

16. BIRTHPLACE (City or town) Italy
(State or country)

17. INFORMANT Josephine Maggio

(Address) 414 Colvin St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 16, 1934

19. UNDERTAKER Frank V. Pitone

(Address) 28 S Eutaw St.

FILED JAN 16 1934, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to Jan 15, 1934

I last saw h[illegible] alive on Jan 15, 1934. Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Frontal Pneumonia	Jan 1
(b) Meningitis	Jan 7

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Nunzio Palumbo M. D.

(Address) 1 Eutaw Pl. Baltimore

D. B. [illegible]

E 97381

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97381

131

CERTIFICATE OF DEATH

Registered No. 21101

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., ... Ward)

Length of residence in city or town where death occurred 60 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth A. Alt.

(a) Residence: No. 730 McHenry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: (or) WIFE of Henry Alt.

6. DATE OF BIRTH (month, day, year) July 25, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	5	21 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

13. NAME Frederick Freyholz.

14. BIRTHPLACE (city or town) (State or country) Sweden.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Henry Alt. (husband)
(Address) 730 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1/17, 1934

19. UNDERTAKER Geo. Lumbach & Son
(Address) 525 N. Eutaw St.

20. FILED JAN 16 1934, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.12 m. a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis.	
Uraemia.	
Other contributory causes of importance:	

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner

1/15/34 (Address) 1017 E. Charles St.

M. D. B. 1868-9 E 97382

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97382

186-001

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 21-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Fitzgerald
(a) Residence: No. 330 S. Poppleton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Jennie Fitzgerald.

6. DATE OF BIRTH (month, day, year) 1-19-62

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bricklayer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME James Fitzgerald
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Johanna Kelly
16. BIRTHPLACE (city or town) (State or country) Ireland.
17. INFORMANT Mr. John Kenan
(Address) 3600 Calloway Ave
18. BURIAL, CREMATION, OR REMOVAL,
Place New Cathedral Date 1-10-34, 19
19. UNDERTAKER John F. Cowan & Son
(Address) 601 Hollins St
20. FILED 1-10-1934 Thomas J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-6-34, 19, to 1-15-34, 19
I last saw him alive on 1-15-34, 19 Death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Femur	
Accidental fall	
as Inguinal necessary	
Other contributory causes of importance:	
Pulmonary Embolism	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1-6-34, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Fell while walking
Nature of injury Fractured Femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert U. Ellison M. D.
(Address) Bon Secours Hosp.

M. D. B. 1268-0 E 97383 ✓ E 97383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. H-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 W. Redwood St., Ward) 42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME PETER KING

(a) Residence: No. 518 W. Redwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen King

7. DATE OF BIRTH (month, day, year) NO. 1872

7. AGE	62 Years	Months	Days	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) LITHVANIA

13. NAME Vincent KING

14. BIRTHPLACE (city or town) (State or country) Lithvania

15. MAIDEN NAME Mary Baronute

16. BIRTHPLACE (city or town) (State or country) Lithvania

17. INFORMANT Luis KING

(Address) 122 W Camden Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 17, 1934

19. UNDERTAKER John Grebliauckas

(Address) 423 S. Paca Street.

20. FILED [illegible] 19[illegible] [illegible] Registrar.

10103

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 34

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1933 to Jany 14, 1934

I last saw him alive on January 14, 1934 Death is said to have occurred on the date stated above at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Oct 3 1933

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Skladowsky M. D.

(Address) 642 Washington Blvd

A&Co. S-11-28 E 97384

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97384

CERTIFICATE OF DEATH

89-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Louis Baltimore General Hospital St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lamar b Corneal

(a) Residence: No. 2246 Sydney Avenue St., ... Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 22, 1923

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
10	11	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va
13. NAME Graham Corneal
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Sadie Woer
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Graham Corneal
(Address) 2246 Sidney Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place Brula Va. Date Jan. 18 1934.
19. UNDERTAKER Geo. Hellmann's Sons
(Address) 423 S. Paca St.
20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/14/34, 19 ... to 1/16/34, 19 ...
I last saw h[illegible] alive on 1/16/34, 19 ... death is said to have occurred on the date stated above, at 1 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis	1/13/34
Acute otitis media, bilat	1/9/34
Acute mastoiditis bilat	?

Other contributory causes of importance:

Name of operation Mastoidectomy Date of 1/16/34
What test confirmed diagnosis? Spinal fluid Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. M. L. Cerrina M. D.
(Address) Co. Balto. Jail Hosp.

16 1934

M. D. B. E-97385 ✓ E 97385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. 2411 Oak St. 12-W (Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Dawes

(a) Residence, No. 2411 Oak St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ella Dawes

7. DATE OF BIRTH (month, day, year) Nov 12 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Portsmouth Va
(State or country)

13. NAME Robert Dawes

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Catharine Williams

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Ella Dawes

(Address) 2411 Oak Street.

18. BURIAL, CREMATION, OR REMOVAL Place Forest Lawn Cem Date 1/16 1934

19. UNDERTAKER Samuel J. Hensley

(Address) 578 W Biddle St

20. FILED 1/16 1934 H. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 1930 to Jan 13 1934

I last saw him alive on Jan 13 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. valv. heart disease	4 yrs
Other contributory causes of importance:	
Bronchitis acute	1 wk

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9 E 97386 ✓ E 97386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. Penn & Hunt Sts. Hospital 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Oscar Williams

(a) Residence: No. 936 Bennett St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Baltz

6. DATE OF BIRTH (month, day, year) October 8, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James W. Adams

14. BIRTHPLACE (city or town) (State or country) Hampton S. Carolina

MOTHER

15. MAIDEN NAME Clara Williams

16. BIRTHPLACE (city or town) (State or country) Calvert County Md.

17. INFORMANT James Williams

(Address) 936 Bennett St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Jan No 22 34

19. UNDERTAKER Elroy C Wilson

(Address) 1000 Pennsylvania Ave

20. FILED Jan 23 1934 Thurlington Bright Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1934, to Jan 14, 1934

I last saw h[illegible] alive on Jan 14, 1934. Death is said to have occurred on the date stated above, at 9.35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	Jan 1, '34

Other contributory causes of importance:

none

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Jachman M. D.

(Address) Sydenham Hospital

M. D. B. 1268 E 97387 Cawthorne ✓ E 97387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 18-d (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Cawthorne

(a) Residence: No. 7 S. Carlton st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon Cawthorne

6. DATE OF BIRTH (month, day, year) Nov. 21, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 90

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Walter Thornton

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Della Ford

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Interment Baltimore Cem 1/16/34

Removal to Mt [illegible] Date Jan 16 34

19. UNDERTAKER [illegible] & Fowler 1811 E Fayette St

(Address)

20. FILED [illegible] Registrar.

0046

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 17, 1933 to January 12, 1934

I last saw her alive on January 12, 1934. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (acute tuberculous pneumonia)	Dec. 1933

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-B E 97388 ✓ E 97388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St. St. 10-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

2. FULL NAME Ellen Daly

(a) Residence: No. 1200 Valley St., Ward. .....
(Usual place of abode). (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2 Feb 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 69

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Daly

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ellen Sullivan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus Supr.
(Address) Little Sisters of the Poor 1200 Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 17 19 34

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Fremont Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 16 January 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1934 to Jan 16 1934

I last saw her alive on Jan 15 1934 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 13 1934

Other contributory causes of importance:

Contusion

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) L. McCahan, M. D.

(Address) 1200 Valley St

T 01054

D. P. 1268-9

E 97389

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97389

CERTIFICATE OF DEATH

94-001

Registered No. 14-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 W. Baltimore St. St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth 32 yrs. mos. ds.

2. FULL NAME Harry Feit.

(a) Residence: No. 1405 W. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of May Feit.

6. DATE OF BIRTH (month, day, year) October 27, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing store keeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria.

13. NAME Bernard Feit.

14. BIRTHPLACE (city or town) (State or country) Austria.

15. MAIDEN NAME Fannie Fierbaum.

16. BIRTHPLACE (city or town) (State or country) Austria.

17. INFORMANT May Feit. (wife)
(Address) 1403 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Heleu Memorial Date 1/17/34

19. UNDERTAKER Jacob Levin Inc
(Address) 1439 E. Balto St

20. FILED 1/16/34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Other contributory causes of importance:	

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt, M. D. Coroner
(Address) 1017 E. Charles St.

D. B. 1268 E 97390 ✓ E 97390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 128 Little Gough St. 3-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

2. FULL NAME Benjamin Sneider
(a) Residence: No. 128 Little Gough St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Esther

DATE OF BIRTH (month, day, year) 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Solomon
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Bessie
16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Esther Sneider
(Address) 128 Little Gough St

BURIAL, CREMATION, OR REMOVAL
Place Pikesville Cemetery Date 1/16/34 19

UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Balto St

FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....
I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) ..... M. D.
Coroner
(Address) .....

M. D. B. 1263-B

E 97391 Ruigold ✓ E 97391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 23-01 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Emma Ruigold

(a) Residence: No. 1034 S. Stiles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of N A Record

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME N A Record

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME N A Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Record (Address) Provident Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date June 16 1934

19. UNDERTAKER Walter B Spriggs (Address) 1394 Pennsylvania Ave.

20. FILED Mount 19.. Registrar. Emergency Dist

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-11-34 . 19.. to 1-11-34 . 19..

I last saw her alive on 1-11-34 . 19.. Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William Deal Page, M. D.

(Address) Provident Hospital

M E 97392

H. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97392

CERTIFICATE OF DEATH

210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 2525 Ward) 1

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Fundelheit

(a) Residence: No. 1353 Form St. Dennis, Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Fundelheit

DATE OF BIRTH (month, day, year) May 1, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Lena Lotta

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Frederick Fundelheit

(Address) St. Dennis, Md.

BURIAL, CREMATION, OR REMOVAL

Place Meadow Date Jan 18, 1934

UNDERTAKER F. B. Hubbard & Son

(Address) 300 Eastern Place

FILED JAN 19 1934, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from January, 19.. to ..., 19...

I last saw h alive on January, 19 Death is said to have occurred on the date stated above, at 7:15 A m

The principal cause of death and related causes of importance were as follows:

Multiple Fractures

Shock.

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/15, 1934

Where did injury occur? Washington Blvd & Carr St Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Accident

Manner of injury Struck by auto while

Nature of injury walking Fracture of the head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wm F Young, M. D. Coroner

(Address) 2100 E Madison St

M. D. B. 1268-9

E 97393

97393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathan Barzune

(a) Residence: No. 2302 Ocala ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 5 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailoring

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1880

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Moses Barzune

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rebecca Garofsik

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Abner Barzune

(Address) 512 W. Franklin st

BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date Jan 16 1934

UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st

FILED ... Hamilton Williams M.D. Registrar.

1934 # 1878

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1934

22. I HEREBY CERTIFY, That I attended deceased from August 27 1933 to Jan 15 1934

I last saw him alive on Jan 15 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of Descending Colon	March 1933

Other contributory causes of importance:

Name of operation Laparatomy Date of April 8 1933

What test confirmed diagnosis? " Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert J. Hunelfarb M. D.

(Address) Sinai Hospital

M. D. P. 1268-9

E 92394

HEALTH DEPARTMENT—CITY OF BALTIMORE

97394

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wolfe Becker

(a) Residence: No. 3605 Cottage Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Deborah

7. DATE OF BIRTH (month, day, year) 1861

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	—	—	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teacher

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Abraham Becker

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Randel Blacker

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Levert.

(Address) 2361 W. North ave

18. BURIAL, CREMATION, OR REMOVAL

Place Southern ave Date Jan 17, 1934

19. UNDERTAKER Hof Levinson & Bro

(Address) 1127 E Baltimore st

20. FILED ... 19 ... Registrar.

01934 Hattie Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1934, to January 16, 1934

I last saw him alive on January 16, 1934 Death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus	April 1933

Other contributory causes of importance:

Chronic Myocarditis	1
Chronic Myocardial Degeneration	?

Name of operation Gastrostomy Date of 1-10-34

What test confirmed diagnosis? Clin. Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No ... If so, specify ...

(Signed) Samuel Levert M. D.

(Address) Sinai Hospital

H. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97395 V 123 F 97395

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospital St. 14-06 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Gainyard

(a) Residence: No. 1143 N Fremont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	38			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1870

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Annie Gainyard
(Address) 1143 N Fremont ave

BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 1-16 1934

UNDERTAKER Frank Conrad
(Address) 926 Pennsylvania Ave

FILED 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Gangrene	
Other contributory causes of importance: Mesenteric Thrombosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. Wharton M.D. ... M. D.
(Address) 1206 N Eutaw St Coroner

M. D. B 1268-9

E 92396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daisy Brown

(a) Residence: No. 948 Macon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Isaac Erler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Minimus

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 1-16-34

19. UNDERTAKER David Carter
(Address) 716 E Lanvale

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1934 to Jan 15, 1934, that I last saw her alive on Jan 15, 1934 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	"
Arteriosclerosis	"
Cardiac Hypertrophy and Insufficiency	Nov 1933
Auricular Fibrillation	Jan 10 34

Other contributory causes of importance:

Syphilis	unknown

Name of operation None Date of

What test confirmed diagnosis? EKG. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Carmichael Leighton M. D.

(Address) Johns Hopkins Hospital

E 97397

M. D. F. 1268-9

97397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A. Bushong

(a) Residence: No. 3519 Falls Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced, HUSBAND of ~~(or WIFE of)~~ Drusilla Bushong

6. DATE OF BIRTH (month, day, year) Oct 25 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reformed Minister

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Bushong

14. BIRTHPLACE (city or town) (State or country) Tomsbrook, Va.

15. MAIDEN NAME Sarah Mort

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Drusilla Bushong
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Frederick, Md. Date, Jan. 18 1934

19. UNDERTAKER A. S. Marshall
(Address) 3520 Falls Road

Thurston Williams, M.D. Registrar.

1934 6 Oct 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15 1934

22. I HEREBY CERTIFY, That I attended deceased from January 3 1934 to January 15 1934

I last saw him alive on January 15 1934 Death is said to have occurred on the date stated above at 8:50 P. m.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
1. Hypertrophy of prostate	
2. Cystitis & Chronic ulcerative	
3. Uro-hydro-nephrosis.	
Other contributory causes of importanre:	
1. Uraemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violenre) fill in also the following:
Arrident, suiride, or homiride? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. M. Wagenseller M. D.

(Address) St. Joseph's Hospital Baltimore, Md.

M. D. B 1263-9

E 97398

HEALTH DEPARTMENT—CITY OF BALTIMORE

97398 ✓8

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pennington Kinsey William P. Kinsey, Jr.

(a) Residence: No. 1420 Hollins St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 21, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	2	25 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME William C Kinsey

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

15. MAIDEN NAME Marie R Canon

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

17. INFORMANT William Kinsey

(Address) 1420 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan. 17 1934

19. UNDERTAKER Joseph B Cook

(Address) 1003 W. Baltimore St.

Huntington Tittleman Mgr

20. FILED 1934 Registrar.

61934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1934, to Jan 16, 1934

I last saw him alive on Jan 16, 1934 Death is said to have occurred on the date stated above, at 6 3/4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	1-10-34

Other contributory causes of importance:

Acute Myocarditis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas G Tull M. D.

(Address) Sydenham Hospital

E 97399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4417 Rathland St. 28-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Wisler
(a) Residence: No. 4417 Rathland St., Ward Boston, Mass:
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Married
If married, widowed, or divorced HUSBAND of (or) WIFE of Herman
DATE OF BIRTH (month, day and year) Sept 14-1888
AGE Years 44 Months 4 Days 2 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
BIRTHPLACE (city or town) (State or country) Boston Mass
13. NAME Patrick B Hennessy
14. BIRTHPLACE (city or town) (State or country) Mass
15. MAIDEN NAME Alice Jane Rood
16. BIRTHPLACE (city or town) (State or country) Foxboro Mass
INFORMANT Herman Wisler
(Address) 4417 Rathland
BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date June 18 1934
UNDERTAKER Harry T. Armacost & Son
(Address) 4204 Edgewood Ave
FILED 1934 Hunter Fitzgerald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 (C) 34
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sudden

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner, M. D.
(Address)

AACo. 5-31 250B

97400

HEALTH DEPARTMENT—CITY OF BALTIMORE

97400

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 E. Oliver St. 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Maria Wiseman

(a) Residence: No. 2033 Preston St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Oct 30 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62.	3	24.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Examiner 56

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Straw Hat Business

10. Date deceased last worked at this occupation (month and year) Dec

11. Total time (years) spent in this occupation 49.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Wiseman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Mary R. Wilkin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Mary Wiseman

(Address) 2033 Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 18 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1934.

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1933 to Jan 15, 1934

I last saw her alive on Jan 15 1934 death is said to have occurred on the date stated above, at 9P. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset Unknown
General arteriosclerosis — 1933
Intermittent nephritis — Unknown
Uremia — Jan 10 '34
Dilitation of Heart. — Jan 15 '34

Other contributory causes of importance:

Chronic Arthritis — Unknown
Arteriosclerosis. — Unknown

Name of operation Radical Amput left Breast Date of Aug 1931.

What test confirmed diagnosis? Autopsy etc. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) James W. Wilson, M. D.

(Address) 1120 St Paul St.

M. D. B. 1268-9 E 97401 Bessie Pickett E 97401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Hospital Registered No. 06702

CITY OF BALTIMORE: (No. 11-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Bessie Pickett

(a) Residence: No. Mt. Airy Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mathew Pickett

6b. DATE OF BIRTH (month, day, year): 1882-9-26

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mt Airy Md

13. NAME OF FATHER: John L. Mullinix

14. BIRTHPLACE (city or town) (State or country): Montgomery Co. Md

15. MAIDEN NAME OF MOTHER: Emily Purdum

16. BIRTHPLACE (city or town) (State or country): Montgomery Co. Md.

17. INFORMANT: Hosp. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pipe Spring Cem. Date June 20, 1934

19. UNDERTAKER: L. M. Waltz
(Address) Winfield, Md.

20. FILED JUN 21 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1933 to 1-17-34, 19..

I last saw her alive on 1-17-34, 19.. Death is said to have occurred on the date stated above, at 3:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Adenatomoma Thyroid	June 33
Other contributory causes of importance: Cardiac Vascular Renal	July 33

Name of operation Thyroidectomy Date of 1-16-34

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) Md. Gen. Hospital

M. D. B. 12

E 97402

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97402

108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 N. Fulton Ave Ward) 16-01

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Guy Kathling Mitchell

(a) Residence: No. 916 N. Fulton Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Katherine V. Mitchell

6. DATE OF BIRTH (month, day, year) July 5 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Appraiser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineering

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Mitchell

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Eleanor Kathling

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Kathrine V. Mitchell

(Address) 916 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 18 19 34

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED Jan 19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1933 to Jan 15 1934

I last saw h[illegible] alive on Jan 10 1933. Death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation 14 days	
Lobar Pneumonia 21 days	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Martin E Trichman M. D.

(Address) 2002 N Lexington

M. D. B. 1268-a E 97403

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97403

82-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 N. Monroe St., 16-21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rowland Theodore Seeger

(a) Residence: No. 1011 N. Monroe St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Sallie V. Seeger

6. DATE OF BIRTH (month, day, year) Aug 31st 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Great Shoe Co.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Theodore Seeger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dorothy Z.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Sallie V. Seeger 1011 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 18th 1934

19. UNDERTAKER (Address) Wm Cook 1217 E Pratt St

20. FILED Jan 19 1934 Registrar.

JAN 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to Jan 16 1934

I last saw him alive on Jan 16 1934 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemaphagia	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? B. P. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Thomas Yahn, M. D.

(Address) 1091 N Fulton Ave

M. D. B. 1268-9 E 97404 ✓ E 97404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3803 Clifton Ave (St.) 45-61 (Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Myers

(a) Residence: No. 3803 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed or divorced — WIFE of: George Myers

6. DATE OF BIRTH (month, day, year): Jan 15 1842

7. AGE: Years: 92 | Months: 0 | Days: 0 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME of father: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME of mother: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Wm R Mason

(Address) 2435 N Hoffey St

18. BURIAL, CREMATION, OR REMOVAL

Place: Black Rock Md Date: 1/17 1934

19. UNDERTAKER: Milligan & Cook

(Address) 1217 St Paul Street

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan Dec 1 1933 to Jan 15 1934 19.....

I last saw her alive on Jan 14/34 19..... Death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - about 6 wks duration	

Other contributory causes of importance:

Myocarditis about 6 weeks duration

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Walter Hubbard M. D.

(Address) 2220 Harrison St

M. D. B 1268-9

97405 HEALTH DEPARTMENT—CITY OF BALTIMORE 97405

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3211 Eastern Ave. St., 46-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Charles J. Grasmick

(a) Residence: No. 3211 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helma Grasmick

7. DATE OF BIRTH (month, day, year) April 21, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Com. Hauling

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Louis C. Grasmick

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Elizabeth Huff

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Helma Grasmick
(Address) 3211 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Jan 17 '34

19. UNDERTAKER George W. Zeigler
(Address) 1937 E. Eager St.

Attest ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932 to Jan 14, 1934

I last saw h.. alive on Jan 13, 1934. Death is said to have occurred on the date stated above, at 12 G. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) ... M. D.

(Address) 3015 Ellwood Ave Baltimore

M. D. B 12654 E 97406 ✓ 9 E 97406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

205-006

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. H-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Yayah bin Gafor Yayah-bin Gafor

(a) Residence: No. SS Silver Cypress St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Malay	Unknown

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	25			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SS Silver Cypress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Singapore
(State or country) Asia

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Furness-Withy & Co., Ltd

(Address) 19 South St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Jan. 17 1934

19. UNDERTAKER Joseph B Cook

(Address) 1003 W. Baltimore St.

FILED JAN 17 1934 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1934, to Jan 15, 1934

I last saw him alive on Jan 15, 1934 Death is said to have occurred on the date stated above, at 10 00 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Liver	Jan 13 '34
Contusion of intestines	"
Other contributory causes of importance:	
Shock	1-13-34

Name of operation Laparotomy Date of 1-15-34

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-13, 1934

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Struck by Crane in Hold of Ship

Nature of injury Fracture 3 ribs-right, ruptured liver

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify .....

(Signed) Howard Stackhouse Jr. M. D.

(Address) University Hosp.

M. D. B. 203-9 E 97407 ✓ E 97407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 94

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Balto. Md. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harvey M. Brown

(a) Residence: No. Brunswick Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) March 14, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year) January 1934

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME G. F. Brown

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Annie Wright

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. Hart Etchison

(Address) Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Point of Rock, Md. Date Jan. 18" 19..

19. UNDERTAKER Robt H. Cook

(Address) 1003 N. Baltimore St.

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16 1934

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1934 to January 16, 1934

I last saw h.IM. alive on January 16, 1934 Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1-16-34
Pulmonary edema	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) James J. Moore M. D.

(Address) University Hospital Baltimore, Md.

M. D. B. 1268-9

E 97408 ✓ E 97408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 70-al (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M. Scheer

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) March 16, 1862

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Henry Scheer

14. BIRTHPLACE (city or town) Hessen Darmstadt
(State or country) Germany

15. MAIDEN NAME Marie Elizabeth Rang

16. BIRTHPLACE (city or town) Hessen Darmstadt
(State or country) Germany

17. INFORMANT Records German Aged Home
(Address) Baltimore and Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Jan. 17 19 34

19. UNDERTAKER Joseph Cook
(Address) 1003 W. Baltimore St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 19 33 to Jan 15 19 34

I last saw her alive on Jan 15 19 34 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Chronic Myocarditis.	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, state fully .....

1/16/34 (Signed) A Heller Hemmig M. D.
(Address) 2000 Hollins St.

M. D. B. 1268-9

E 97409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. E 97409

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 N. Kenwood Ave. St., 6-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie V. Hock

(a) Residence: No. 427 N. Kenwood Ave., City St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles B. Hock

6. DATE OF BIRTH (month, day, year) Feb. 22/1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Leonard Ball

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Della Bradford

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Charles B. Hock
(Address) 427 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Jan 18/24 19

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 701 & 703 Wash. St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 15/24 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1924 to Jan 15th 1924

I last saw her alive on Jan 15th 1924 Death is said to have occurred on the date stated above, at 3/15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Pregnancy	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Adam Todd, M. D.

(Address) 4616 Eastern ave

M. D. B. 1268-9

E 97410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97410

163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3923 Carlisle Ave St., 15-01 Ward)

Length of residence in city or town where death occurred 58 yrs. 3 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Marr

(a) Residence: No. 3923 Carlisle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen M. Marr

7. DATE OF BIRTH (month, day, year) Sept 25 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME John Marr

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Emma Baltz.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Helen M. Marr wife

(Address) 3923 Carlisle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Londonderry Date Jan 17 1934

19. UNDERTAKER Edward Hoey Co.

(Address) 1000 Park Ave

FILED JAN 17 1934 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Suicide
Ory dose
Chloral Hydrate

Date of onset

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? 3923 Carlisle
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Funk M. D.

Coroner

(Address)

M. D. B. 1268-1

E 97411

E 97411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 St. Paul St. St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. — mos. — How long in U. S. If of foreign birth, 76 yrs. 10 mos. 4 ds.

2. FULL NAME Lillian Beebe Shutze

(a) Residence: No. 2208 St Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William A Shutze

6. DATE OF BIRTH (month, day, year): May 11, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): Years

11. Total time (years) spent in this occupation: Years

12. BIRTHPLACE (city or town) (State or country): Stonington Conn.

FATHER

13. NAME: Isac G. Babb

14. BIRTHPLACE (city or town) (State or country): Stonington Conn

MOTHER

15. MAIDEN NAME: Emily Noyes

16. BIRTHPLACE (city or town) (State or country): Stonington Conn

17. INFORMANT: Mrs Lillian M. Fuss (daughter)

(Address) 2802 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmt Date: Jan 17, 19 34

19. UNDERTAKER: Edward W. Hoch Inc.

(Address) Lexington Bldg.

20. FILED — 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933. to June 15, 1934

I last saw her alive on June 14, 1934 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intst Endocard.	
Angina Pectoris	
Ch. Nephritis	

Other contributory causes of importance:

0	

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jefferies Brent M. D.

(Address) E. Cold Bk Balto.

M. D. R. 1268-9

9712

E 9712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jerome Wysocki

(a) Residence: No. 2317 E. Pratt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 18-1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	2 1	0 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Casimir Wysocki

14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER

15. MAIDEN NAME Sophie Rawa

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Mrs Sophie Wysocki
(Address) 2317 E Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date Jan 16th, 1934

19. UNDERTAKER George A. Weber
(Address) 703 S. Conkling St.

20. Filed ... 19 ... Registrar.

AR 7102

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1934 to Jan 15, 1934
I last saw him alive on Jan 15, 1934. Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Septicaemia (Steph. Aureus. Hemolyticus)	12-29-33
Purulent Pericarditis (Steph. Aureus Hemolyticus)	1-4-34

Other contributory causes of importance:

Name of operation Pericardotomy Date of 1-9-34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Gustav Highsmith M. D.
(Address) Sinai Hospital

M. D. B. 1268-9

E 97413

97413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 W. 33rd St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph A. Davis

(a) Residence: No. 610 W. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie M. Davis

6. DATE OF BIRTH (month, day, year): Sept. 27-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67.	3	19	18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pattern maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Edward Davis

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Sarah E Turner

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Annie M. Davis

(Address) 610 W. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Jan. 19. 1934

19. UNDERTAKER: Jonah Syfer

(Address) 1602 W. North Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 15. 1934

22. I HEREBY CERTIFY, That I attended deceased from March. 1932 to Jan 15. 1934

I last saw h~~im~~ alive on Jan 15. 1934 Death is said to have occurred on the date stated above, at 12-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Stomach	March 1932
Other contributory causes of importance:	
Metastasis to trachea	6 wks

Name of operation: None Date of: No

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kelly M. D.

(Address) 720 N. Charles

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97414

CERTIFICATE OF DEATH

E 97414

164-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Pronounsed Dead at Baltimore City Hospitals St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN M. SWANSON

(a) Residence: No. 743 S. Curley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

DATE OF BIRTH (month, day, year) Feb. 29. 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sugar Refinery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Charles B. Swanson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Musch

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. A. C. Stafford (Sister)
(Address) 743 S. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Prot. Ev. Luth. Ch. Cem. Date Jan. 17. 1934

19. UNDERTAKER Berry Sander & Sons. Inc. per J. Sander.
(Address) Baltimore St. & Broadway.

FILED Jan 17 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14. 1934 19

22. I HEREBY CERTIFY, That I attended deceased from
19 . to . 19
I last saw h alive on . 19 Death is said
to have occurred on the date stated above, at 10.45 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon-Monoxide Poisoning	
Illuminating Gas	
Suicide	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, (suicide), or homicide? Yes Date of injury 1/14 . 1934

Where did injury occur? 743 S Curley
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhaling Illuminating Gas

Nature of Injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) P. Pleger M D Coroner . M. D.

(Address) 1305 N Milton Ave

Spec.—8-16-29 1a F. Scott Print

E 97415

E 97415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 9

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1626 E Madison ST., 7-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frances Tilley

(a) RESIDENCE NO. 1626 E Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Sixty mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Single

(If married, widowed, or divorced) HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 27 1933

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		2	18 20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER James Tilley

11 BIRTHPLACE OF FATHER (city or town) N C

(State or country)

12 MAIDEN NAME OF MOTHER Mary Patterson

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

Informant James Tilley

(Address) 1626 E. Madison St

Filed JAN 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1934, to Jan 15, 1934,

that I last saw her alive on Jan 15, 1934,

and that death occurred, on the date stated above, at 5 00 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary) Whooping Cough

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Herbert Woodbridge, M. D.

1-16, 1934 (Address) 703 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem.

DATE OF BURIAL Jan 17 1934

20 UNDERTAKER Robert H. Miller

ADDRESS 515 McElderry

E 97416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97416

178-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 727 Lyndhurst St., 16-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 33 yrs. ds. How long in U. S. If of foreign birth? 33 yrs. mos. ds.

2. FULL NAME Hilda Stutman
(a) Residence: No. 727 Lyndhurst St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Milton Stutman

DATE OF BIRTH (month, day, year) Sept 7-1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) England

13. NAME Harry Firth

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Elsa Read

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Milton Stutman
(Address) 727 Lyndhurst

BURIAL, CREMATION, OR REMOVAL
Place Loraine Date 1 | 18 | 34 19

UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

FILED 1-19-34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 "" 19 34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident, Asphyxiated by Illuminating Gas	

Other contributory causes of importance:

Name of operation Regular Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Leland Gorsuch, M. D. Coroner
(Address)

Spec.—9-30—A. & Co.—250 Bks.

E 97417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97417

CERTIFICATE OF DEATH.

50

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 6916 W. Pratt St. 20-01 WARD)

2. FULL NAME Louisa Ulbrich

(a) RESIDENCE NO. 1916 W. Pratt St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6th 1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Schlosser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John F. Ulbrich
(Address): 1916 W. Pratt St

15 Filed 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 16/34

17

I HEREBY CERTIFY, That I attended deceased from Oct. 3 1932 to Jan 16, 1934

that I last saw her alive on Jan 13, 1934

and that death occurred, on the date stated above, at 4 44 a. m.

The CAUSE OF DEATH* was as follows: Senile Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. Hamilton M. D.

1/16 1934 (Address) 16 Randall St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: 1/19 1934

20 UNDERTAKER: Geo. L. Schwalzer

ADDRESS: Frederick

M. D. B. 1268-9

E 97418

97418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (Tp.) 16-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Peck

(a) Residence: No. 904 N. Stricker st. St., ... Ward.
(Usual place of abode) (If non-resident give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Peck

6. DATE OF BIRTH (month, day, year) Aug. 25, 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Florence Bascun

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Jan 18 1934

19. UNDERTAKER Rayner Sanders

(Address) 4[illegible] E Preston st

[illegible] Registrar.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25 1933 to Jan. 14 1934

I last saw her alive on Jan. 14 1934. Death is said to have occurred on the date stated above, at 9.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. Record E 97419

E 97419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17-41 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Young

(a) Residence: No. 528 Dolphin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69 70				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Mr Gerald

14. BIRTHPLACE (city or town) (State or country) Mr Gerald

MOTHER

15. MAIDEN NAME Mr Gerald

16. BIRTHPLACE (city or town) (State or country) Mr Gerald

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Jan 17, 1934

19. UNDERTAKER Ehrgott & Wilson

(Address) 1022 Baltimore Ave

20. FILED 1-17-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-19-33, 19, to 1-17-34, 19

I last saw him alive on 1-17-34, 19. Death is said to have occurred on the date stated above, at 7:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Arteriosclerosis	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William [illegible] M. D.

(Address) Provident Hospital

M. D. B. 1268-9

E 97420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 134

1. PLACE OF DEATH Johns Hopkins Hosp.

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Richmond

(a) Residence: No. 5021 Park Heights Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 1 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52 ~~58~~	—	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Richmond

14. BIRTHPLACE (city or town) (State or country) Lilland

MOTHER

15. MAIDEN NAME Eliza Montgomery

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant View Date Jan 18 1934

19. UNDERTAKER Metzgar & Goss

(Address) Brooklyn Md.

20. FILED Jan 18 1934 Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8 1934 to Jan 16 1934

I last saw h[illegible]live on Jan 16 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Wound Infection (Staphylococcus) — Toxemia	1-11-34

Other contributory causes of importance:

Staphylolithiasis (left) Renal insufficiency

Hernia supraumbilical (recurrent) (removed)

Name of operation Hernia supraumbilical Date of 1-11-34

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify

(Signed) Eliz Hamilton M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 97421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Hughes

(a) Residence: No. Bear. Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 28. 1933

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME William Hughes

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Vernelle Noble

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns H. Med Colg Date Jan 7 19 34

19. UNDERTAKER
(Address)

20. FILED JAN 7 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/28 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/28/33 19 to 19

I last saw him alive on 1/28/33 19 Death is said to have occurred on the date stated above, at 10:00 P m.

The principal cause of death and related causes of importance were as follows:

prematurity — Date of onset 1/28/33

Other contributory causes of importance:

maternal pneumonia — 1/28/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wendell E. Hurd M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268 E 97422 ✓ E 97422

HEALTH DEPARTMENT—CITY OF BALTIMORE

280183

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. [illegible] St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Dix

(a) Residence: No. 1648 N. Gilmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/23/33

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
			20 hrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Robert Dix

14. BIRTHPLACE (city or town) (State or country) va.

MOTHER

15. MAIDEN NAME Dora Richard

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Med College Date Jan 17 19 34

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 19 34 [illegible] Registrar.

0048

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-10 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec-23 1933 to Jan-10 1934

I last saw her alive on Jan-8 1934 Death is said to have occurred on the date stated above, at 1245 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Maurice S Lucitt M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-B

E 97423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97423

124-002

Registered No. .....

1. PLACE OF DEATH Hospital for Women of Maryland.

CITY OF BALTIMORE: (No. Lafayette & Linden St. 11-C Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Jane Frances March.

(a) Residence: No. 1306 John St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward E. March

6. DATE OF BIRTH (month, day, year): April 13-1876

7. AGE: Years 57 | Months 9 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John McCabe

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Elizabeth Campbell

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Wm J. Morris

(Address) 1306 John St

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cemetery Date Jan. 18. 1934

19. UNDERTAKER: Chas P. Coates & Son

(Address) 116 W. Mt Royal Ave

20. FILED Jan 17 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from November, 1932 to January 16, 1934. I last saw h[illegible] alive on January 16, 1934. Death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver (atrophic). Date of onset 1931

Chronic myocarditis (arteriosclerotic) 3 yrs

Chronic nephritis, 6 mos

Other contributory causes of importance:

Cachexia

Uremia (terminal).

Name of operation Paracentesis (multiple) Date of .....

What test confirmed diagnosis? Blood Chemistry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Faucett, M. D.

(Address) Hospital for Women of Maryland. Baltimore, Md.

Spec.—2-29-28—L. F. M.—500 E 97424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97424

81

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 242 Rock St. ST., 18-01 WARD)

2—FULL NAME Lewis Chase

(a) RESIDENCE NO. 242 Rock St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Vida Chase.

DATE OF BIRTH (month, day, and year): Nov. 8 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
51		2	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer. 040

(b) General nature of industry, business, or establishment in which employed (or employer): Construction work

(c) Name of employer: C. W. A.

BIRTHPLACE (city or town) (State or country): Baltimore. Md.

10 NAME OF FATHER: unknown Calvert Leo

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie Smith.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Leo Md.

Informant: Vida Chase

(Address) 242 Rock St.

Filed 1 1934

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/16/34

17 I HEREBY CERTIFY, That I attended deceased from Jan 8th, 1934, to Jan 16th, 1934.

that I last saw him alive on Jan 16th, 1934

and that death occurred, on the date stated above, at 12.20 A m.

The CAUSE OF DEATH was as follows:

Hemiplegia, followed by General Paralysis.

over

(duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary) Exposure to Cold and Severe Weather (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Confirmed, Laboratory.

What test confirmed diagnosis?

(Signed) J. T. Gunn M. D.

(Address) 32 W. Arlington ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon Cemetery

DATE OF BURIAL: Jan 18, 1934

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 32 W. Lafayette St.

M. D. B. 1268-9 E 97425 ✓ E 97425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Vine St St., 18-61 (Ward)

Length of residence in city or town where death occurred 4 yrs 8 mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary Nichols

(a) Residence: No. 1011 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 15, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (girl) Domestic 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 2 yrs. ago.

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) White Haven Maryland.

FATHER

13. NAME Moses Nichols

14. BIRTHPLACE (city or town) (State or country) White Haven md

MOTHER

15. MAIDEN NAME Annie James

16. BIRTHPLACE (city or town) (State or country) Dorsquater Maryland

17. INFORMANT Addie Thomas
(Address) 1011 Vine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date Jan 19 1934

19. UNDERTAKER Mrs Katie B Williams
(Address) 322 N. Schroeder St.

Jan 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15-34 19

22. I HEREBY CERTIFY, That I attended deceased from 12-21-33 19 to 1-15-34 19

I last saw her alive on 1-15-34 19 Death is said to have occurred on the date stated above, at 11:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer	Oct 30
Intestinal Obstruction	10-15-32
Other contributory causes of importance: Intestinal Obstruction	10-15 33
cardiac failure	1-15-34

Name of operation Intestinal resection Date of Oct. 1933

What test confirmed diagnosis? 'Mike' Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James M. Pair M. D.

(Address) 865 W. Lexington St

M. D. B. 1268-9

E 97426

97426

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Dumbarton Ave St., (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY E BOSSON

(a) Residence: No. 603 Dumbarton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas N. Bosson

6. DATE OF BIRTH (month, day, year) Dec 5, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. In dustry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City.

13. NAME Richard G. Polly.

14. BIRTHPLACE (city or town) (State or country) City.

15. MAIDEN NAME Sarah J. Randall

16. BIRTHPLACE (city or town) (State or country) City.

17. INFORMANT Mary E. Bosson

(Address) 603 Dumbarton ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 19, 1934

19. UNDERTAKER John A. Myers

(Address) 3000 E. Baltimore

1/19 1934 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 15 . 1934

22. I HEREBY CERTIFY, That I attended deceased from JUNE 10 . 1933 to JAN 15 . 1934

I last saw her alive on JAN 15 . 1934 Death is said to have occurred on the date stated above, at 8 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRCINOMA OF STOMACH	6/10/33
METASTASIS	1933

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Claudius M. D.

(Address) 3013 St Paul st

AACo. 5-31 2500

✓ E 97427

HEALTH DEPARTMENT—CITY OF BALTIMORE

97427

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Horner Lane St., 76-81 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Marie Peleska.

(a) Residence: No. Horners Lane St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Cyril Peleska

6. DATE OF BIRTH (month, day, year) Sep. 6, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3 4	23 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-Work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia.

13. NAME John Samec.

14. BIRTHPLACE (city or town) (State or country) Bohemia.

15. MAIDEN NAME Marie Kubik

16. BIRTHPLACE (city or town) (State or country) Bohemia.

17. INFORMANT Cyril Peleska.
(Address) Horners Lane. Philadelphia Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cemetery Date Jan. 21, 1934.

19. UNDERTAKER August F. Pasek.
(Address) 2426 E. Ashland Ave.

20. Filed ..... 19 ..... Registrar.

71934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1933 to Jan 17, 1934

I last saw her alive on Jan 16, 1934 death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal Disease	?
Hypertension	
Other contributory causes of importance:	
Apoplexy	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Vincent W. Dooka, M. D.

(Address) 845 N. Patterson Park Ave

M. D. B. 1268-B

✓ E 97428

97428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1746 E. North Ave. St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Letitia R. Rutley

(a) Residence: No. 1746 E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E. Rutley

6. DATE OF BIRTH (month, day, year) Dec. 27 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME William Roberts

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Janet Holmes

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mrs Guth
(Address) 1746 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan 18 1934

19. UNDERTAKER J. Few McCully
(Address) 130 E. Fort Ave.

20. FILED Jan 16 1934 Herrington Registrar.

71934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1933 to Jan 15 1934

I last saw her alive on Jan 15 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	
Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) David Fraser, M. D.

(Address) 1823 N Charles St.

M. D. B. 1268-9

E 97429

97429 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hospital (6-91 Ward)

Length of residence in city or town where death occurred Lifed mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Burns Sr.

(a) Residence: No. 1824 Rayner Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Burns

6. DATE OF BIRTH (month, day, year) March 8, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Burns

14. BIRTHPLACE (city or town) (State or country) Buffalo N. Y.

MOTHER

15. MAIDEN NAME Mary Mitchell

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 1/19/34, 19..

19. UNDERTAKER John J. Kemp Son Inc (Address) 221 S. Fremont Ave

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1933 to Jan. 16, 1934

I last saw him alive on Jan. 16, 1934. Death is said to have occurred on the date stated above, at 2.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach ?	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balt City Hospitals

M. D. B. 1268-9

97430 E 97430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 N Milton Ave St. 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Haydrn

(a) Residence: No. 1219 N Milton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmal	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maurice Haydrn

6. DATE OF BIRTH (month, day, year) Nov. 8. 1889.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	45	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nonworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Martin Rems

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret White

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Mr Maurice Haydrn 1219 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan 18 1934

19. UNDERTAKER Chas. P. Sherwin

(Address) 1501 E Fort Ave

Filed ..... 19..... Registrar.

71934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1934

22. I HEREBY CERTIFY, That I attended deceased from October 20 1933 to January 15 1934

I last saw her alive on January 15th 1934. Death is said to have occurred on the date stated above, at 1.15 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset 1 yrs ago.
General Arteriosclerosis
Cardiac Hypertension

Other contributory causes of importance:

Uremia and Cardiac Dilatation — Date of onset 3 days ago.

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Maurice Goodman M. D.

(Address) 1025 E North Ave

M. D. B. 1268-9

E 97431

97431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Belnew Ave St. ... Ward) 8

Length of residence in city or town where death occurred 45 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ella Hempl Seders

(a) Residence: No. 1313 Belnew Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm C Seders

6. DATE OF BIRTH (month, day, year) Feb 8th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

MOTHER FATHER

13. NAME Frederick B Hempl

14. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

15. MAIDEN NAME Sara Dubbs

16. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

17. INFORMANT Norman L Seders
(Address) 926 E Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date Jan 19th 1934

19. UNDERTAKER Lee H Cook
(Address) 1003 N Eutaw St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1934 to Jan 16 1934

I last saw h[illegible] alive on Jan 16 1934. Death is said to have occurred on the date stated above, at 3.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arterio sclerosis. Chronic myocarditis with Cardiac Hypertrophy	several years
Other contributory causes of importance: Cerebral Hemorrhage	10 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Winichel. M. D.

(Address) 1401 Edmondson Ave.

M. D. B. 1268-9

E 97432

97432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 Melrose ave. St., 27-01 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M. Cole

(a) Residence: No. 212 Melrose ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 3 - 1865

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
69		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co. (State or country) Maryland

FATHER

13. NAME Hanson Cole

14. BIRTHPLACE (city or town) Harford Co (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Rumbers

16. BIRTHPLACE (city or town) Harford Co (State or country) Md.

17. INFORMANT Mrs. S. R. Crawford

(Address) 212 Melrose ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baker Cemetery Date Jan. 19, 1934

Harford Co. Md.

19. UNDERTAKER Wm. E. Black

(Address) 927 N. Broadway

20. FILED Jan 19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Jan 17, 1934

I last saw h[illegible] alive on Jan 16, 1934. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis	3 yrs

Other contributory causes of importance:

Angina Pectoris	1 yr.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Mear, M. D.

(Address) 5600 York Rd.

M. D. B. 1268-0

97433 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ ME 97433

CERTIFICATE OF DEATH ✓ 210-001

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 3-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vincent Ferraro

(a) Residence: No. 502 S Exeter St St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Teresa

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pasquil Ferraro

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Teresa Berglia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Charles Ferraro

(Address) 1224 Eastern ave

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date Jan 18 1934

19. UNDERTAKER Wendell J Bippel

(Address) 300 S Eden St Thurmont Frederick Co Md

20. FILED Jan 17 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from many, 19 . to 19

I last saw h alive on many 13 19 Death is said to have occurred on the date stated above at 3:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured right radius	1/1/34
Bronchopneumonia	1/13/34

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1/1 , 1934

Where did injury occur? Eastern Ave & Exeter St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by an auto

Nature of injury While walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) [illegible] Coroner M. D.

(Address) 1200 E Madison St

AACo. 5-31 250B

E 97434

97434

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 250 S. Castel Street 2-01 St. ..... Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Maryanna . Kurgan

(a) Residence: No. 250 S. Castel Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank . Kurgan

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME George . Krawczyk

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Frank Kurgan (Husband)
(Address) 250 S. Castel Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 15. 1934

19. UNDERTAKER John M. Weber
(Address) 451 S. Charles St

20. FILED ..... 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 . 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17 . 1933 to Jan. 15 . 1934

I last saw her alive on Jan. 11 . 1934 death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Tolerance	Unknown
Myocarditis	
Other contributory causes of importance: Cerebral Hemorrhage	12 hours

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip Artigiani M. D.
(Address) 2942 Fayette St

M. D. B 126-39 E 97435

E 97435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 47

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1711 Rutland Ave St., 8-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J. Preller
(a) Residence: No. 1711 Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or ~~WIFE of~~) Gertrude J. Preller

6. DATE OF BIRTH (month, day, year) January 26 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store Mgr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manager
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER
13. NAME John H. Preller
14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER
15. MAIDEN NAME Elizabeth Frauenholz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gertrude J. Preller
(Address) 1711 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Jan. 20' 1934

19. UNDERTAKER Kenny Street Sons, Inc
(Address) 1301 E. Eager St

20. FILED Jan 19 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2 - 1933 to January 17 - 1934
I last saw him alive on 1-10- 1934. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right lung	11-1-33

Other contributory causes of importance:
Pulmonary Hemmorhage (10 minutes duration)

Name of operation none Date of —
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Chester Rikuda M. D.
(Address) 2502 Edmondson Ave.

S. D. B. 1268-9

E 97436

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97436

CERTIFICATE OF DEATH

✓ 94-005 (

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Bentalou St. 15-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 39 yrs. ... mos. ... ds.

2. FULL NAME Jacob Adler

(a) Residence: No. 1615 Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rose

6. DATE OF BIRTH (month, day, year): Mar 15 1879

7. AGE: Years 58 | Months 10 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rest

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Louis Adler

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Sylvia Gomez

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rose Adler

(Address): 1615 Bentalou

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Cemetery Date: 1/18/34 19

19. UNDERTAKER: Jacob Levin Son

(Address): 1434 E. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 17th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis 1

Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) ...

M. D. B. 1268-0 E 97437 ✓ E 97437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1741

1. PLACE OF DEATH West Balto., Spring Grove

CITY OF BALTIMORE: (No.) St., 15-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Linsberg

(a) Residence: No. 2014 N Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) 1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gov.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Simon Linsberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jannie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mem Gardens Date 1/18/34 19

19. UNDERTAKER Jacob Levin Sons
(Address) 1700 E. Baltimore St

20. FILED 1/19 34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16/34

22. I HEREBY CERTIFY, That I attended deceased from 1/10/34 19 to 1/16/34 19

I last saw h[illegible] alive on 1/16/34 19 Death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative intestinal obstruction	1/10/34
Pulmonary edema	1/16/34
Other contributory causes of importance:	
Appendectomy	1/10/34

Name of operation Appendectomy Date of 1/10/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H Lemmon M.D. M. D.

(Address)

M. D. H. 1268-9

E 97438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97438

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Estelle Samuelson

(a) Residence: No. 703 Newington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of C. L. Samuelson

6. DATE OF BIRTH (month, day, year) Oct 21. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 12 36 ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel Farrell

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Hannah Gillen

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Estelle Goode

(Address) Mercy Hospital Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Met. Cem. Date Jany. 16 1934

19. UNDERTAKER Baird Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED JAN 16 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28. 1933 19 to Jan 12 1934

I last saw h alive on Jan 12 1934 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix Metastasis to Liver

Date of onset ?

Other contributory causes of importance:

Name of operation Colostomy Date of 12/21/33

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Dallenbaugh M. D.

(Address) Mercy Hospital Balto. Md.

M. D. F. 1268-1 E 97439

E 97439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. 19-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 West Balto. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice Rosenthal

(a) Residence: No. 1517 W. Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger & Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Levi Rosenthal

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jeannette Reese

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss. Ella Rosenthal,
(Address) 1517 W. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Cem. Date Jany. 18, 1934

19. UNDERTAKER Harold Sondheimer & Son
(Address) 1902 Eutaw Place.

20. FILED 1-19-1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1933 to Jan 17, 1934
I last saw h[illegible] alive on Jan 15, 1934 Death is said to have occurred on the date stated above, at. 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 1324 W Lombard St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97440 E 97440

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 Whittier ave St. 13-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Moses Fedder

(a) Residence: No. 2219 Whittier ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah

6. DATE OF BIRTH (month, day, year) March 15, 1858

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	75	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Iwa Fedder

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Goldie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Fedder
(Address) 2219 Whittier ave

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Washington Blvd Date Jan 18 1934

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto st

20. FILED JAN 19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1933 to Jan 17 1934

I last saw h... alive on 1/10 1934. Death is said to have occurred on the date stated above, at 1135 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 16 '34
and Cardiac dilatation	1/10/34
Other contributory causes of importance:	
Chronic interstitial Nephritis	12/14/33
Chronic Hypertrophy Prostate	12/1/33

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. ... Feldman M. D.

(Address) 1420 E Balto st

M. D. B. 1258-9

E 97441

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97441

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 E Pratt St. 76-81 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Neubauer Jr

(a) Residence: No. 3706 E Pratt St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 20-1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Neubauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Puttrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Neubauer

(Address) 3706.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Jan 18, 1934

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED ... 19... Registrar.

JAN 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1932, to Jan 15, 1934.

I last saw h.i.M. alive on Jan 5, 1934. Death is said to have occurred on the date stated above, at 7.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) F. V. D. Mock, M. D.

(Address) 513 E 31st St Balto. Md.

M. D. R. 1268-2

E 97442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97442

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 14-41 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Levin H. Bailey

(a) Residence: No. 1419 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 13, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge, Md.
(State or country)

FATHER

13. NAME Levin Bailey

14. BIRTHPLACE (city or town) Cambridge, Md.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Hill

16. BIRTHPLACE (city or town) Cambridge, Md.
(State or country)

17. INFORMANT Nannie Wood
(Address) 1419 Madison Ave Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Jan. 18th, 1934

19. UNDERTAKER Archibald A. Laffoon
(Address) 2101 Mt. Auburn St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1934, to 1-15, 1934

I last saw him alive on 1-15, 1934. Death is said to have occurred on the date stated above, at 5:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Pernicious myocarditis	1929
Cardiac decompensation	1933

Other contributory causes of importance:

arteriosclerosis	
Carcinoma of prostate	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Grace M. D.

(Address) 1419 Madison Ave. Baltimore

M. D. B. 1240 E 97443 ✓ E 97443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 N. 37 St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas A. Gannon

(a) Residence: No. 841 N. 37th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas C. Gannon

6. DATE OF BIRTH (month, day, year) 12-22-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78 79		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William Gannon

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. A. Gannon

(Address) 841 N. 37th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 1/17, 1934

19. UNDERTAKER J. H. McCaffrey

(Address) 130 E. Fayette

20. FILED JAN 18 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1934 to Jan 17, 1934

I last saw h alive on Jan 16, 1934 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Jan 14
Arteriosclerosis	Before

Other contributory causes of importance:

High Blood Pressure	Before

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.

(Address) 130 E. Fayette St.

E 97444 ✓ E 97444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3139 Weaver St. 27-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Patrick Henry Lawson

(a) Residence: No. 3139 Weaver St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia M Lawson

6. DATE OF BIRTH (month, day, year) Dec 2 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

FATHER

13. NAME Thos. P. Lawson

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Laura Sterling

16. BIRTHPLACE (city or town) (State or country) Frederick Md.

17. INFORMANT Thos. P. Lawson
(Address) 4016 Maura Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 19 1934

19. UNDERTAKER Thos. J. Ryder & Son
(Address) 1900 St Paul

20. FILED JAN 18 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1933 to Jan 16 1934

I last saw him alive on Jan 15 1934 Death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 7
Chronic Myocarditis	?
Coronary Thrombosis?	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Edwin B Jason M. D.

(Address) 1115 St Paul St.

M. D. B. 126-3

E 97445

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97445

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH St. Josephs Monastery

CITY OF BALTIMORE: (No. 3800 Frederick Ave. St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William J. Shaffrey.

(a) Residence: No. 3800 Frederick Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If ~~MARRIED, widowed or divorced~~ HUSBAND of ~~WIFE of~~ Margaret Shaffrey

6. DATE OF BIRTH (month, day, year) July 5, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 04

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER FATHER

13. NAME William Shaffrey.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Mary Ryan.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT William O. Shaffrey. (son)
(Address) 25 N. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date 1/20/ 1934

19. UNDERTAKER John J. Cowan & Son
(Address) 1601 Lexington St.

20. FILED JAN 18 1934 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 7.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiat Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner

1/17/34 (Address) 1017 E. Charles St.

Spec.—8-24-14—M. & T.—2000 Bks.

E 97446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97446

CERTIFICATE OF DEATH.

59

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Hawthorne Road ST.: [illegible])

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilbur C. Van Sant

(Residence in Baltimore: No. 411 Hawthorne Road St.: 50 yrs.. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~, (Write the word.) Married

6-DATE OF BIRTH. Sept. (Month) 3 (Day), 1857 (Year)

7-AGE. 76 yrs. 4 mos. 14 da. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Retired. 45
(b) General nature of industry, business, or establishment in which employed (or employer) Wine Importer

9-BIRTHPLACE. (State or Country) New Jersey

PARENTS.

10-NAME OF FATHER. Nicholas Van Sant

11-BIRTHPLACE OF FATHER (State or Country). New Jersey

12-MAIDEN NAME OF MOTHER Amelia Moses

13-BIRTHPLACE OF MOTHER (State or Country). New Jersey

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wilbur C. Van Sant

(Address) 411 Hawthorne Road

15-

Filed ....., 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. January (Month) 17 (Day), 1934 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Dec - 4 1933, to Jan - 17 1934, that I saw h[illegible] alive on Jan - 16 1934, and that death occurred, on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(Duration) ....yrs. ....mos. 2 ....da.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis and Diabetes. (Duration) 10 yrs. ....mos. ....da.

(Signed) M. D. Von Pohn, M. D.

Jan. 18, 1934 (Address) 4822 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Druid Ridge Cemetery DATE OF BURIAL. Jany. 19, 1934

20-UNDERTAKER John A. Mitchell & Sons ADDRESS 1300 Eutaw Place

JAN 19 1934

M. D. B. 1268-9

Elizabeth L. Murray

97447

HEALTH DEPARTMENT—CITY OF BALTIMORE

97447

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 11-01 (Ward)

Length of residence in city or town where death occurred 72 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Elizabeth Murray

(a) Residence: No. Union Bridge, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Few Arks N. J.
(State or country)

FATHER

13. NAME Rev. John J. Murray

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Emory

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Thomas A. Murray

(Address) 3505 Powhatan Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Jany 19 1934

19. UNDERTAKER John H. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED , 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17 , 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/8 , 1933, to 1/17 , 1934

I last saw her alive on 1/7 , 1934. Death is said to have occurred on the date stated above, at 7:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
with Left Sided Hemiplegia	12/6/33
Other contributory causes of importance:	
Broncho-pneumonia	1/13/34

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address) Md. Gen. Hospital

M. D. B. 1268-9

E 97448

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97448

CERTIFICATE OF DEATH

8V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3326 Fleet St St., 76-81 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacqueline F. Barnell

(a) Residence: No. 3326 Fleet St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Ardell Barnell

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Ivy Bowman

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Ivy Bowman

(Address) 3326 Fleet St

18. BURIAL, CREMATION, OR REMOVAL

Place Arizona Date 1/18/34 19

19. UNDERTAKER Mortuary C. Tippett Inc

(Address) 31 S. Carey St.

20. FILED 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance: Croup

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address) 1052 Fallsway

M. D. B. 1268-9 E 97449 E 97449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 129

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Brown

(a) Residence: No. 1335 Woodyear St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alex Brown

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER

15. MAIDEN NAME L. Jones

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Mrs Brown
(Address) 1335 Woodyear

18. BURIAL, CREMATION, OR REMOVAL
Place Calvert Co. Md. Date Jan. 19, 1934

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Presstman st

20. FILED JAN 19 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4 a m

The principal cause of death and related causes of importance were as follows:

Acute Peritonitis

Date of onset

Other contributory causes of importance:

Perforation of Sigmoid
Cause Undetermined

Name of operation ..... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. F. ... M. D.
Coroner

(Address) 1303 N. Eutaw st

M. D. B 1268-B

E 97450

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97450

CERTIFICATE OF DEATH

V 94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Alley in rear of 87 S. Morley St. St. 18-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Vessels. (C)

(a) Residence: No. 914 N. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, HUSBAND of Gertrude Vessels. (C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk man.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Gertrude Vessels. (C) wife.
(Address) 914 N. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Jan 18 19 34

19. UNDERTAKER Health Department
(Address)

20. FILED 1 8 1934 Registrar.

0050

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M Reinhardt, M. D. Coroner

1/11/34 (Address) 1017 E. Charles St.

M. D. B. 1268-9

E 97451

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97451

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1007 D. N. Ward 6541-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Fannie Seward

(a) Residence: No. 1007 D. N. Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Seward

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0?0

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jackson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Miss Kinnamon

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ophal Ingles

(Address) Severna Park, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hebron Date 1/19/34 19

19. UNDERTAKER Jesse J. Hedrick & Co.

(Address) 548 W. Baltimore St.

Huntington Williams, Reg.

20. FILED 19 Registrar.

19 1034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19/34 19

22. I HEREBY CERTIFY, That I attended deceased from 1/17/34 19 to 1/19/34 19

I last saw h alive on 1/19/34 19. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/17/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Sellers M. D.

(Address) 424 Main. Ave

M. D. B. 1268-9

E 97452

97452

HEALTH DEPARTMENT—CITY OF BALTIMORE

22V

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St. 10-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 11 mos. ds. How long in U. S. If of foreign birth 18 yrs. 11 mos. ds.

2. FULL NAME John Annes

(a) Residence: No. 922 Ashland Avenue, Baltimore, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Deckhand

10. Date deceased last worked at this occupation (month and year) Feb. 1932

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Cape Verdi Islands

FATHER

13. NAME John B. Annes

14. BIRTHPLACE (city or town) (State or country) Cape Verdi Islands

MOTHER

15. MAIDEN NAME Mary Conten

16. BIRTHPLACE (city or town) (State or country) Cape Verdi Islands

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 18 1934

19. UNDERTAKER Mrs R. A. Elliott
(Address) 412 E McCulloh St

Jan 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1932 to Jan. 16, 1934

I last saw him alive on Jan. 16, 1934. Death is said to have occurred on the date stated above, at 1.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, active	prior to Feb. 1932
Other contributory causes of importance: Tuberculosis, laryngeal	Nov. 1933

Name of operation Date of

What test confirmed diagnosis? Clinical & Lab findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. Abbott, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

M. D. B. 1930 E 97453 E 97453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 N

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MD St., 6-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Winifred Spatts

(a) Residence: No. 10 North Chester St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4 - 1917

7. AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
16	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John J Spatts

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bertha Hohnen

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT John J. Spatts (Address) 10 N Chester St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date Jan 19 1934

19. UNDERTAKER John C. Miller (Address) 2435 E. Biddle St

20. FILED JAN 19 1934 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 10. 1934 to January 16. 1934

I last saw her alive on January 16. 1934 Death is said to have occurred on the data stated above, at 7.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Appendicitis	1-9-34
2. Peritonitis	
3. Paralytic ileus	
4. Toxaemia	

Other contributory causes of importance:

Name of operation Appendectomy Date of 1-11-34

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J M Mueller M. D.

(Address) ST. JOSEPH'S HOSPITAL

M. D. R. 1268-9

E 97454

97454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH Convent of Good Shepherd

CITY OF BALTIMORE: (No. 15 S. Mount St., Ward) Formerly Hollins St.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 9 mos. 13 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sr. Magdalen Sr. Antonia (Vertha Smith)

(a) Residence: No. Mount & Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 5, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sewing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): April 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Kilroy

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sisters of Good Shepherd
(Address) Mount & Hollins Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 1/19/34 19

19. UNDERTAKER John F. Fahey & Sons
(Address) 1315 Eager St

20. FILED 1-19-34 19 Wm. F. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Jan. 18, 1934

I last saw h. alive on Jan 17th, 1934. Death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis & Insufficiency	Jan 1933
Cardiac Failure	Jan 18

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) L. A. Chatard M. D.

(Address) 130 W. Saratoga St

M. D. B. 1268-9

E 97455

97455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Schaper

(a) Residence: No. 252 N West Balto. St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower.

6. DATE OF BIRTH (month, day, year) Dec. 5, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 70	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Herman Schaper.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Rachel Barrett.

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT [illegible] John Knecht

(Address) 2405 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Dated 1/20, 1934

19. UNDERTAKER Leonard H. Keogh

(Address) 3305 Harford Rd

20. FILED [illegible] Registrar.

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1934 to Jan. 17, 1934

I last saw h[illegible] alive on Jan. 17, 1934 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic C-V. Disease — Date of onset 5 1

with Hypertension

Chronic Nephritis & Uremia

Bronchio-Pneumonia.

Other contributory causes of importance:

Bronchial Asthma.

Flues.

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlson M. D.

(Address) Mercy Hospital.

M. D. B. 1268-0

97456 E 97456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3202 White Ave. St., 27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Premature Infant of Helen and Albert Bruns

(a) Residence: No. 3202 White Ave. St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 18, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Albert Theodore Bruns

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Helen Frances Quinn

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Albert Bruns
(Address) 3202 White Ave.

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Date 1/19 1934

19. UNDERTAKER Leonard J. Hirsch
(Address) 5305 Wenfield Rd

20. FILED 1/19/1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4:40a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (Period of gestation seven months)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. L. Wilkinson M. D.
A. L. Wilkinson, M. D.
(Address) 5713 Belair Rd.

AaCo. 5-11 2508

E 97457

97457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6302 Belair Road St., 7-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Tichy Shimek

(a) Residence: No. 928 N. Castle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Philip Shimek

6. DATE OF BIRTH (month, day, year) July 12th 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Levie

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Calawater

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT James C. Tichy
(Address) Cumberland, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 22, 1934

19. UNDERTAKER Frederick Lassahn & Sons
(Address) 746 Lemmon St.

Huntington Pittsburgh, Pa.

20. FILED JAN 19 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1934, to Jan 18, 1934

I last saw h.. alive on Jan 17, 1934 death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	

Other contributory causes of importance:

Diabetes

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Jerrot Fisher, M. D.

(Address) 1823 N. Wash. St.

M. D. B. 1268-9

E 97458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97458 V 92-001

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5300 St. Albans Way St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 9 mos. 22 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Elizabeth Bond

(a) Residence: No. 719 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of ---------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 25, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Thomas Bond

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Crosby

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Miss MarthaStewart
(Address) 5300 St. Albans Way

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 1/19 19 34

19. UNDERTAKER Henry U. Myers and Son
(Address) 802 N. Caroline Street

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 11. 1934. to January 17. 1934
I last saw h.r alive on January 17. 1934 Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	1925
Cardiac hypertrophy	1925
Fibrinous pericarditis	Jan. 11, 1934
Emphysema	Jan. 14, 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry T. Callenberg M. D.

(Address) 2 W. Read St.

(OCCUPATION) is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97459

97459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1031 Calvert Ave. St., 12-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie D. Roland

(a) Residence: No. 106 East 20th St., City St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ferdinand C. Roland

6. DATE OF BIRTH (month, day, year) Jan. 3 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John D. Ball

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza J. Hall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. J. B. Hall
(Address) Washington, D. C.

18. BURIAL, CREMATION, OR REMOVAL
Name Thanmount Date 1/19 1934

19. UNDERTAKER Wm. Cook
(Address) 1217 St. Paul St.

20. FILED 1/21 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1933 to January 17th 1934

I last saw her alive on January 17th 1934 Death is said to have occurred on the date stated above, at 8.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia (Bilateral)	1/15/34

Other contributory causes of importance:
Myocarditis arteriosclerotic

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John C. Dawber M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97460

97460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No.) St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Reckenwald

(a) Residence: No. 3215 Elmley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of Joseph Reckenwald

6. DATE OF BIRTH (month, day, year) Nov 23rd 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME John Aull

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME C. Mehl

16. BIRTHPLACE (city or town) Balt (State or country) Md.

17. INFORMANT John Reckenwald

(Address) 3215 Elmley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 20th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1-8-1934 Hilton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 8 1934 to January 17 1934

I last saw h[illegible] alive on January 17 1934 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Diabetes mellitus	
2. Cancrum of back	
3. Pneumonia	
Other contributory causes of importance:	
Pneumonia & drainage	

Name of operation Cantorum Date of 1-9-34

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S M Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATIONS is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97461

97461
28067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 23-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arnold O'Neale

(a) Residence: No. 8. Ea Barney St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/4/1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	2	13 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Hildray O'Neale

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Ida Diseny

16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 20 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-16 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan-9- 1934 to Jan-16- 1934
I last saw him alive on Jan-16 1934 Death is said to have occurred on the date stated above, at 1145 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage about	Jan 3 1934
Other contributory causes of importance:	
Mongolism & Congenital	Congenital
Congenital heart disease	Congenital

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Maynard M. Heyl M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 37462

97462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 505 Evesham ave St., 27-61 Ward)

Length of residence in city or town where death occurred 63 yrs. 4 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Ridgely Straus

(a) Residence: No. 505 Evesham Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or Divorced (write the word)
Female	white	separated

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Isaac Lobe Straus

6. DATE OF BIRTH (month, day, year) Sept 12, 1870

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
63	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Randolf Ridgely

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Louisa Ball

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Guy Stockton (daughter)
(Address) 507 Evesham ave.

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Date. Jan 19. 1934

19. UNDERTAKER Chas H. Black
Pikesville Baltimore Co.

20. FILED ... 1934 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1933 to Jan 17, 1934

I last saw h.e. alive on Jan 15, 1934. Death is said to have occurred on the date stated above, at 8.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1924

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? clinical symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Frances W. Gluck M. D.

(Address) Gilman apts.

M. D. B. 1268-9

E 97463

97463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. 7-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N. Curley St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J. Neal.

(a) Residence: No. 707 N Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Neal.

6. DATE OF BIRTH (month, day, year) Dec 17, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John B Cross

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louisa Thomas Cockroon

16. BIRTHPLACE (city or town) (State or country) Yorkshire Eng

17. INFORMANT Mrs Henry C. Gillmore

(Address) 707 N Curley Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Jan 17, 1934

19. UNDERTAKER Robert Smith & Son

(Address) Calhoun & Mulling Sts.

20. FILED Jan 19 1934 Huntington Phillips, Registrar. 1764

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Jan 16 1934

I last saw her alive on Jan 16 1934. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration — Jan 1

Contributed

Other contributory causes of importance:

Acute Cardiac Dilatation — 1 day

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Fred Rieseberg M. D.

(Address) 800 Eutaw Pl Av

OCCUPATION is very important. See instructions on back of certificate.

727 E Preston

E 97464

M. D. B. 1268-9

E 97464 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Brentwood Ave St., 16 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 74 yrs. ..... mos. ..... ds.

2. FULL NAME Emma Mahon

(a) Residence: No. 1123 Brentwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Mahon

6. DATE OF BIRTH (month, day, year) Feb 18 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Joseph Hughes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James Mahon
(Address) 1123 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Wash Co Date Jan 19 1934

19. UNDERTAKER Leo G Cook
(Address) 1123 N Patterson Park Ave

20. FILED Jan 19 1934 [illegible] Registrar.

D1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1934 to Jan 16 1934

I last saw her alive on Jan 16, 1934 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3d

Other contributory causes of importance:

Cardiac Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Albert E Levy M. D.

(Address) 727 E Preston

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97465

97465

CERTIFICATE OF DEATH

163

Registered No. 9-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Lee Jenkins

(a) Residence: No. 1511 Holbrook St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel T. Jenkins

6. DATE OF BIRTH (month, day, year) Aug 20/1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church Home & Infirmary

10. Date deceased last worked at this occupation (month and year) Jan 17/34

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Charles I. Jenkins

14. BIRTHPLACE (city or town) (State or country) Balto. ,Md.

MOTHER

15. MAIDEN NAME Mary E. Ford

16. BIRTHPLACE (city or town) (State or country) Balto. ,Md.

17. INFORMANT Mabel T. Jenkins
(Address) 1511 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Jan 20. 1934

19. UNDERTAKER Snyder & MacLean
(Address) 4214 N. Broadway

20. FILED ... 19... Registrar.

JAN 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17/34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19... Death is said I last saw h... alive on ..., 19... to have occurred on the date stated above, at about 7.45 A.M.

The principal cause of death and related causes of importance were as follows: Carbolic Acid Poisoning (Clinical) — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Jan 17/34

Where did injury occur? Baltimore. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Church home & Infirmary Store

Manner of injury Room.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joh Callan Coroner M. D.

(Address) 508 E. North Ave

M. D. B. 1268-9

E 97466

E 97466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4202 Maine Ave. St. 25-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Furlong

(a) Residence: No. 4202 Maine Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hoffman S. Furlong

6. DATE OF BIRTH (month, day, year) May 18, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alivin Chickering

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah Warfield

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT J. F. Douty, Jr.
(Address) 4202 Maine Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Jan. 19, 34

19. UNDERTAKER George J. Smith
(Address) 1900 Eutaw Place

Huntington Pettigrew, Reg.
Registrar.

JAN 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from — 1924 to Jan 17, 1934.

I last saw h.er alive on Jan 16, 1934. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	10 yrs
	ago

Other contributory causes of importance:

Pulmonary Oedema.	Jan 8

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify —

(Signed) M Brunn and Kood, M. D.

(Address) 2216 Garrison Ave.

OCCUPATION is very important. See instructions on back of certificate.

97467

HEALTH DEPARTMENT—CITY OF BALTIMORE

97467 94-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. W. Balto Hosp St., 2-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jas Gierczak.

(a) Residence: No 513 S. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or race White
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gierczak

6. DATE OF BIRTH (month, day, year) May 1-1882

7. AGE: Years 51 | Months 8 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mary Gierczak
(Address) 513 S. Wolfe.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 20 1934

19. UNDERTAKER John M. Welsh
(Address) 401 S. Chester St

20. FILED JAN 19 1934 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19....
I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary Thrombosis	
Sudden	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Gutelius Coroner M. D.
(Address)

M. D. B. 1933-9 E 97468

E 97468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella May Buckingham

(a) Residence: No. Mt. Airy (Usual place of abode) St., ... Ward. Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Otho Buckingham

6. DATE OF BIRTH (month, day, year) July 9, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Lawson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Lowell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edward Buckingham

(Address) Mt. Airy Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Grove County Date Jany 22, 1934

19. UNDERTAKER C. M. Pfaltz

(Address) Westfield Md.

20. FILED JAN 18 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934 to Jan 15, 1934

I last saw h[illegible] alive on Jan 15, 1934 Death is said to have occurred on the date stated above, at 3-30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Sarcoma of Hepatic Flexure of Colon	1/15/34?
Other contributory causes of importance: Surgical Shock Diabetes Mellitus	1/15/34

Name of operation Exploratory Date of 1/15/34

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Laurence T. Fuller, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

97469

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97469

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

2. FULL NAME Mrs. Henry Kaplan Bee Kaplan

(a) Residence: No. 2003 Linden ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Mr. Henry Kaplan

6. DATE OF BIRTH (month, day, year) Dec. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	70	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME Albert Herzog

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Miss Julia Herzog

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Hospital records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Cemetery Date 1/19/34

19. UNDERTAKER Jack Levindale

(Address) 1437 Gallow St

20. FILED JAN 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1934 to Jan. 18, 1934

I last saw h[illegible] alive on Jan. 18, 1934 Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-16-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Framer M. D.

(Address) Union Mem. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

97470

HEALTH DEPARTMENT—CITY OF BALTIMORE

97470

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Gen Hospital — Registered No. 107-001

CITY OF BALTIMORE: (No. ..... St., 1806 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Jones

(a) Residence: No. 106 N. Appleton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	A. A.	M

5a. If married, widowed, or divorced HUSBAND of ~~Wife of~~ Daisy Jones

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Susie Baker

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Daisy Jones
(Address) 106 N Appleton.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Jan 19 1934

19. UNDERTAKER Edwin C Wilson
(Address) 1201 E Fairmount Ave

20. FILED JAN 19 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1—15 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/12, 1934 to 1/15, 1934

I last saw him alive on 1/15, 1934. Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/14/34
Bronchitis	1/3/34
Acute Myocarditis	1/10/34
Other contributory causes of importance:	
Arteriosclerosis	Unk.

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carson C Johnson M. D.

(Address) 632 Baker St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible] B-97471 ✓ E 97471

280845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maria Green

(a) Residence: No. 1606 Ellsworth St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Manning Green

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Carrie Green

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Recorder.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Date 1/19/34 19

19. UNDERTAKER Wm. J. Loats.
(Address) 132 Peterson St.

20. FILED JAN 19 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan -17 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan-11- , 1934 to Jan-17- , 1934

I last saw her alive on Jan-17 , 1934 Death is said to have occurred on the date stated above, at 1.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Meningitis	Jan', 34
Other contributory causes of importance: Pulmonary Tuberculosis	Feb 1933

Name of operation None Date of —

What test confirmed diagnosis? L. P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur H. Hurd M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

E 97472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97472

130

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Good Shepherd Hosp (St.) 5-01 (Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Clarence Smith

(a) Residence: No. 1309 Jefferson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mayo

6. DATE OF BIRTH (month, day, year) 1888

7. AGE: Years 45 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Annie Mayo
(Address) 1309 Jefferson

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1/19/34

19. UNDERTAKER Wm. G. E. Locke
(Address) 1312 Jefferson St.

20. FILED ..... 19..... Registrar.

JAN 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
Uremia	

Other contributory causes of importance:

Acute

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Leon Smith M. D.
Coroner

(Address) Coroner

M. D. B. 12689 E 97473

E 97473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 E. Madison St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. - - mos. - - ds. How long in U. S. If of foreign birth? - - yrs. - - mos. - - ds.

2. FULL NAME Mary T. Smith

(a) Residence: No. 102 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) ---

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) --- Maryland

FATHER

13. NAME Peter Smith

14. BIRTHPLACE (city or town) (State or country) --- Ireland

MOTHER

15. MAIDEN NAME Mary Coffey

16. BIRTHPLACE (city or town) (State or country) --- Ireland

17. INFORMANT Miss Mary F. Roddy

(Address) 102 E. Madison Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 1/20 19 34

19. UNDERTAKER Henry H. Mears and Son

(Address) 802 N. Calvert Street

20. FILED JAN 19 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 19 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 19 34 to Jan 17 19 34

I last saw h[illegible] alive on Jan 16 19 34 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular	3 yrs

Other contributory causes of importance: None

Name of operation None Date of ---

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward McCleary M. D.

(Address) 1609 Linden Ave

Y. S. 3 OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-A E 97474 ✓ E 97474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No.

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No. ..... St., 30-61 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Lisa C. Kelley

(a) Residence: No. 4017 Edmondson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Edna Kelley

6. DATE OF BIRTH (month, day, year) Oct 12 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R R
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME William H. Kelley
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Carrie M. Wheeler
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William J. Kelley
(Address) 2650 Kentucky Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 20, 1934

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18/ 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/13/ 1934, to 1/18 1934
I last saw him alive on 1/15/ 1934. Death is said to have occurred on the date stated above, at 8.52 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized carcinomatosis	Sept 1933
Carcinoma of testicle. (Primary)	10/12/30
Other contributory causes of importance: Cardiac dilatation	1/18/34

Name of operation Orchidectomy Date of 10/12/30
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
(Address) 1 N. Eutaw Street

M. D. B. 12[illegible] E 97475 ✓ E 97475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2925 Frederick Ave. St. 20-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie U. Wagoner Powell

(a) Residence: No. 2925 Frederick Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Powell

6. DATE OF BIRTH (month, day, year) Jan 5, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME David L. Wagoner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Uhler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. John H. Powell (Husband)
(Address) 2925 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 20, 1934

19. UNDERTAKER John F. Denner
(Address) 515 Light St.

20. FILED JAN 19 1934 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1934, to Jan 17th, 1934.
I last saw h[illegible] alive on Jan 17th 11.30 1934. Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) William Sprosty M. D.

(Address) 1700 Linden Ave

M. D. B. 1231-9 E 97476

E 97476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Warner St. 21-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby girl Densmore

(a) Residence: No. 1203 Warner St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Baby

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Baby

6. DATE OF BIRTH (month, day, year) Jan. 18, 34.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Oscar Densmore

14. BIRTHPLACE (city or town) (State or country) Carlisle Md

MOTHER

15. MAIDEN NAME Rebecca Mansfield

16. BIRTHPLACE (city or town) (State or country) Caney Caney Md

17. INFORMANT father
(Address) 1203 Warner St.

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Jan 18 19 34

19. UNDERTAKER .....
(Address) .....

20. FILED ..... 19 .....

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18. 1934. to Jan 18. 1934

I last saw h.. alive on Jan 15. 1934 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Prematurity. — Date of onset .....

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. Alexander Lowry M. D.

(Address) 1516 Madison Ave

0053

M. D. F. 1268 E 97477 ✓ E 97477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2442 Ashland Ave Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adolph Koelbl

(a) Residence: No. 2442 Ashland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Koelbl

6. DATE OF BIRTH (month, day, year) Aug. 24/1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc himself 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Koelbl

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Margaret Koelbl
(Address) 2442 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 20, 1934

19. UNDERTAKER Chas. Herwig Sons
(Address) 2010 Orleans St

20. FILED JAN 19 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to Jan 16, 1934

I last saw him alive on Jan 16, 1934 Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	7/1/33

Other contributory causes of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. E. Becker, M. D.

(Address) 1901 Fairmount Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1933-9 E 97478

✓ E 97478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Maryland General Hospital — Registered No.

CITY OF BALTIMORE: (No. ____ St. 27-01 (Ward)) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24y yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Boyd Scanlon

(a) Residence: No. 5417 Knell Ave St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Evelyn Scanlon

6. DATE OF BIRTH (month, day, year) May 25 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard Scanlon

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Carolyn Cull

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Evelyn Scanlon
(Address) 5417 Knell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Jan 20 1934

19. UNDERTAKER Philip Shurg Sons
(Address) 2016 Orleans St

20. FILED ____ 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/15 1933 to 1/17 1934

I last saw him alive on 1/14 1934. Death is said to have occurred on the date stated above, at 2.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic fever, chronic acute bacterial endocarditis Myocarditis Decompensation	

Other contributory causes of importance:

Streptococcus septicemia (viridans)

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) ____ M. D.

(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

E 97479 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 97479

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Don Francis Joesting

(a) Residence: No. 2634 Cecil Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 21/1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME August H. Joesting

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lois V. Mutispaugh

16. BIRTHPLACE (city or town) (State or country) Virgina

17. INFORMANT Mrs. Lois V. Joesting
(Address) 2634 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date JAN 19 1934

19. UNDERTAKER Forget Ruth Inc J M Jenkins
(Address) 1732 Guilford Ave

20. FILED JAN 19 1934 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 17/34

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 10.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John A Pacca Coroner, M. D.

(Address) 108 E Preston

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

E 97480

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97480

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Harford Ave. ST. 8-01 WARD)

2-FULL NAME William Thomas Atkinson

(a) RESIDENCE NO. 1637 Harford Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1/y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha M. Atkinson

6 DATE OF BIRTH (month, day, and year) April 30 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe store owner

(b) General nature of Industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Atkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Elizabeth Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant William M. Atkinson

(Address) 1641 Harford Ave

15 Filed JAN 19 1934 19 Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17 1934.

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1934. to Jan 17 1934.

that I last saw him alive on Jan 17 1934,

and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 8 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 1 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas Willard Stewart M. D.

1/17. 1934 (Address) 1738 E. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Jan 20 1934.

20 UNDERTAKER George F. Peck Inc J. M. Jenkins

ADDRESS 1225 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JAN 19 1934

M. D. 12-33 E 97481

E 97481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001- Darley Ave. St., G-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 50 yrs. ... mos. ... ds.

2. FULL NAME Annie E. Kraft

(a) Residence: No. 1001- Darley Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Kraft

6. DATE OF BIRTH (month, day, year) Aug. 20th, 1849

7. AGE Years	Months	Days	If LESS than 1 day hrs. or ... min.
84	4	29	xxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Cora M. Shattuck

(Address) 1001-Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 1/22/34 19

19. UNDERTAKER George T. Ruth Inc. J. M. Jenkins

Address) 135 Harford Ave.

20. FILED ... 19... ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1933 to Jan. 18, 1934.

I last saw her alive on Jan. 18, 1934. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Renal Disease	Sept 1933

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel B. Wylie M. D.

(Address) 133 E. North Ave

V. S. 9

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97482 ✓ E 97482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 28-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Berry

(a) Residence: No. 1112 Walker Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W.	infant

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) 1-18-34

7. AGE Years	Months	Days	If LESS than 1 day, 5 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry W Berry.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rosalie Fleur

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bitto Cemetery Date Jan 19 1934

19. UNDERTAKER John B. Ames & Sons

(Address) Towson. Md.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18-34

22. I HEREBY CERTIFY, That I attended deceased from 1-18-34, 19..., to 1-18-34, 19...

I last saw her alive on 1-18-34, 19... Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Richard Trance, M. D.

(Address) Union Memorial Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 59

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 9748 3 28057 E 9748 3

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St., 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia (Robinson) Hackett

(a) Residence: No. 609 Collett St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 3-12-1894

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
39	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Isaac Robinson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margaret Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 19 1934

19. UNDERTAKER U. G. Brooks

(Address) 1423 N. Carey St

20. FILED Jan 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1934 to Jan 15, 1934

Last saw her alive on Jan 15, 1934. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous pneumonia	1/10/34
Traumatic rupture of uterus	1/9/34
pregnancy 4 months	4 months
Other contributory causes of importance:	
pulmonary tuberculosis	5 yrs ago

Name of operation hysterectomy Date of 1/9/34

What test confirmed diagnosis? upon Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Oswald H. Ford, M. D.

(Address) J. H. H.

State cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. 8 (1268) E 97484

E 97484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N. Rose St. 6-01 Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 41 yrs. ... mos. ... ds.

2. FULL NAME Marie Turek

(a) Residence: No. 5 N Rose St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Feml

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frank Turek

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years 74; Months; Days; If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Joseph Kruza

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Mary Kardova
(Address) 903 N Port St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 20 1934

19. UNDERTAKER: Frank Cook for
(Address) 1966 Gilmanton

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1934 to Jan 17 34

Last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration (Primary)	1 day
Pneumonia	

Other contributory causes of importance:

Senile debility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 119 S Broadway

S. 3

OCCUPATION is very important. See instructions on back of certificate.

NAME, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. E 97485 ✓ E 97485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93003 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 142 N Hare St. 6-01 Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? 42 yrs. mos. ds.

2. FULL NAME Anna Sedlak

(a) Residence: No. 142 N Hare St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Vincent Sedlak

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years 72; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Joseph Vondracek

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Joseph Sedlak

(Address) 142 N Hare St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Jan 20, 1934

19. UNDERTAKER: Frank Brockden

(Address) 1926 Edmondson Ave

20. FILED ____, 19____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 12th, 1934, to Jan 17, 1934. I last saw h[er] alive on Jan 16, 1934. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	1928-

Other contributory causes of importance:

Name of operation: none Date of: no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J S Stanberry M. D.

(Address) 4810 Belair Rd.

V. S. 3

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible]9 E 97486

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97486

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Womans Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Payne

(a) Residence: No. 1507 Spence St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-17-34

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME Mr. Charles Payne

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER

15. MAIDEN NAME Lottie Diffendall

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Sister of Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Female Cemetery Date ..... 19....

19. UNDERTAKER
(Address)

20. FILED [illegible] 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-17-34 1934 to 1-17 1934

I last saw him alive on 1-17-34 19.... Death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation Hysterotomy, Resection & Ligation of Tubes, Bilateral Date of 1-17-34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Beverley R. Compton M. D.

(Address) Womans Hosp

AMENDED

Please CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97487 97487

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Lewndale

CITY OF BALTIMORE: (No. Baltimore & Gwynns 97-01 St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Jacob Schuster

(a) Residence: No. Lewndale, Hebrew Home for Aged & Infirm St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) Jan 2 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	—	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Out

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Paul Schuster

14. BIRTHPLACE (city or town) (State or country) Russia Unknown

MOTHER

15. MAIDEN NAME Mary.

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Hechtman

(Address) Lewndale

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt Carmel Rd Date Jan 19 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1121 E Baltimore St

20. FILED Jan 19 1934 [illegible] Registrar.

JAN 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18. 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/7 1915 to 1/18 1934

I last saw h[illegible] alive on 1/11 1934. Death is said to have occurred on the date stated above, at 3[illegible] p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1/11
Carcinoma Uterus	1915

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97488

CERTIFICATE OF DEATH

51 E 97488

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 W. Baltimore St., 2-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Henry H. Kuhlmann

(a) Residence: No. 1837 W. Baltimore St., ... Ward. ...
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (nr) WIFE of Emma E. Kuhlmann

6. DATE OF BIRTH (month, day, year) Feb. 8. 1861.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Dealer.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

FATHER

13. NAME Herman Kuhlmann

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna Vonderheide

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Emma E. Kuhlmann
(Address) 1837 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park. Date Jan 20 1934

19. UNDERTAKER Mrs. Mrs. John W. Tenfel & Son
(Address) 801 W. Fayette St.

20. FILED ... 19 ... Registrar.

JAN 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1931 to Jan 18 1934

I last saw h[illegible] alive on Jan 16 1934. Death is said to have occurred on the date stated above, at 2 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	3 yrs

Other contributory causes of importance:

General carcinomatosis + myocardial insufficiency	

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) M Bauman Ford M. D.

(Address) 2216 Jamison Blvd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97489

CERTIFICATE OF DEATH

E 97489

144-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Rhone

(a) Residence: No. 2423c Oak St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Rhone

6. DATE OF BIRTH (month, day, year) Mar 1/1893 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Adams Grove, Va.

FATHER

13. NAME John H. Tennessee

14. BIRTHPLACE (city or town) (State or country) Adams Grove, Va

MOTHER

15. MAIDEN NAME Alice Berman

16. BIRTHPLACE (city or town) (State or country) Adams Grove, Va.

17. INFORMANT George Rhone

(Address) 2423 Oak St

18. BURIAL, CREMATION, OR REMOVAL

Place Adams Grove Date 1/21/34 19

19. UNDERTAKER Wm. Engel & Sons

(Address) 1st Druid Hill Ave

20. FILED JAN 19 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 18/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- Post Partum Hemorrhage	
(cause undetermined)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) P. H. Callis M. D.

(Address) 528 E North Ave Number

M. D. B. 1268-2

E 97490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97490

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Th.)

CITY OF BALTIMORE: (No. ..... St., 4-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Henry Perham

(a) Residence: No. 308 Fallsway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Georgia Perham

6. DATE OF BIRTH (month, day, year): April 18, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter 090

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Stoney Creek Virginia

FATHER

13. NAME: Pelham Perham

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Rebecca Lester

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Jan 19 1934

19. UNDERTAKER: [illegible]
(Address)

20. FILED ..... Registrar.

0054

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1934 to January 16, 1934

I last saw him alive on January 16, 1934 Death is said to have occurred on the date stated above, at 8.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9 E 97491 ✓ E 97491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH + 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St.) 12-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Nancy Lee Burnham

(a) Residence: No. Lansdowne Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Aug 29, '33

7. AGE: Years | Months: 5½ | Days: 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balti. Md.

FATHER

13. NAME: Clarence Burnham.

14. BIRTHPLACE (city or town) (State or country): ~~Balti~~, Md.

MOTHER

15. MAIDEN NAME: Maude Morris.

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Laters Cemetery Date: Jan 20th 1934

19. UNDERTAKER: John Burns Sons
(Address) Towson Md.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-19-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 9-7-33. 19... to 1-19-34. 19...

I last saw her alive on 1-19-34. 19... Death is said to have occurred on the date stated above, at 6:40 a.

The principal cause of death and related causes of importance were as follows:

(a) Pneumonial (Broncho) Bilateral — Date of onset

Other contributory causes of importance:
Otitis, external eczema.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Richard France M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—800 Bks.

E 97492

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97492

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3611 Oakmont Ave. 27-01 WARD)

2—FULL NAME Margaret Fischer

(a) RESIDENCE NO. 3611 Oakmont Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. How long in U. S., If foreign birth? 37 yrs.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carl L. Fischer

6 DATE OF BIRTH (month, day, and year) Dec 1, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 631

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Berlin, Germany

PARENTS

10 NAME OF FATHER August Hildebrandt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Quehl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Carl L. Fischer

(Address) 3611 Oakmont

15 Filed APR 2 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17/34

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933, to Jan 17, 1934, that I last saw h[illegible] alive on Jan 17, 1934 and that death occurred, on the date stated above, at 10 45 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) [illegible] yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia (was) Myocardial Insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Geo. B. Tyler, M. D.

19 (Address) 3907 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Jan 20 1934

20 UNDERTAKER John Ulrich

ADDRESS 3[illegible] Bl[illegible]

Important: See instructions on back of certificate.

M. D. B. 1268-9

E 97493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

Registered No. E 97493

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 S. Longwood St. 20-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna C. Carnes

(a) Residence: No. 402 S Longwood St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

OCCUPATION is very important. See instructions on back of certificate. Exact statement of occupation is necessary, even in case of children, as that it may be properly classified.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 30, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	17	18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles G. Carnes

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ella Talbott

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Charles G. Carnes

(Address) 1102 S. Longwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan 20. 1934

19. UNDERTAKER John Weeks

(Address) 2008 Belgian

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1934 to Jan. 17, 1934

I last saw her alive on Jan. 17, 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	1/9/34
Other contributory causes of importance:	
Exhaustion	1/16/34

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) H. R. Campbell M. D.

(Address) 1644 Hanover St. 1/18/34

M. D. B. 1268-9

Barley

E 97494

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97494

CERTIFICATE OF DEATH

V 45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3222 Auchentoroly Ter St. 43-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August F. Barley

(a) Residence: No. 3222 Auchentoroly Ter. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Gilden Barley

6. DATE OF BIRTH (month, day, year) Feb 7, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. drug salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Muth Bros.

10. Date deceased last worked at this occupation (month and year) Aug. 1932

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME ? Barley

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Julia Mayer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Annie Gilden Barley

(Address) 3222 Auchentoroly Ter.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 1/20/34 19

19. UNDERTAKER Edward A Brannigan

(Address) 1136 Taylor Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1933 to Jan. 18, 1934.

I last saw him alive on Jan. 18, 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
epithelioma of mucous membrane covering maxilla (left side of upper jaw).	7/-/33
Other contributory causes of importance: myocarditis	9/11/33

Name of operation excision of epithelioma. Date of 8/29/33

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Geo. A. Krupp M. D.

(Address) 3030 Edmondson Ave

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

97495 97495

CERTIFICATE OF DEATH

X✓ 133

1. PLACE OF DEATH U. S. Marine Hospital 12-01 Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James E. Young

(a) Residence: No. Crisfield, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mate (mariner)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mariner

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Crisfield Md.

FATHER

13. NAME James E. Young

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Laura Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records U. S. Marine Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Crisfield Cem. Crisfield Date Jan 19. 1934

19. UNDERTAKER John T. Denny (Address) 915 Light St

20. FILED ..... 19 ..... Registrar.

JAN 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1934 to Jan. 18, 1934

I last saw him alive on Jan 18, 1934 Death is said to have occurred on the date stated above, at 8.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polycystic kidney (bilateral	?
Renal hemorrhage	6 week
	1 Jan 34

Other contributory causes of importance:

Name of operation transfusion nephrectomy operation Date of 1/18/34

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) G A Abbott M. D.

(Address) U. S. Marine Hospital

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97496 CERTIFICATE OF DEATH X 141 V E 97496

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Brooks

(a) Residence: No. 511 Archer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas A Brooks

6. DATE OF BIRTH (month, day, year) Jan. 26 1913

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
20	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Va

FATHER

13. NAME Alfred Mansfield

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Dais Hundson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sallie Mansfield

(Address) 511 Archer St

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date Jan 21 , 1934

19. UNDERTAKER Joseph A Shirley

(Address) 1400 N Mont St

20. FILED JAN 19 1934 , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 , 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14 , 1934 to Jan 16 , 1934

I last saw her alive on Jan 19 , 1934 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Rt side	Jan 10
Gedritis	Jan 7 (?)
Other contributory causes of importance: Myocardial failure	Jan. 19
Abortion (spontaneous)	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Baker M. D.

(Address) Community Hosp

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 97497

HEALTH DEPARTMENT—CITY OF BALTIMORE

97497

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Elliott St., 1-C Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 32 yrs. ... mos. ... ds.

2. FULL NAME Malvina Piechocka

(a) Residence: No. 2811 Elliott St., Ward. 1st
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 15, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John J. Krager.
(Address) 2627 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Wansbans Date Jan 22 . 1934

19. UNDERTAKER John M Weber
(Address) 404 S. Chester

20. FILED ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 . 1934 to Jan. 18 . 1934

I last saw her alive on Jan. 18 . 1934 Death is said to have occurred on the date stated above, at 2:14 p.m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Jan. 13
Other contributory causes of importance: Myocardial insufficiency	Jan. 17

Name of operation ... Date of ...
What test confirmed diagnosis? Physical signs of death Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) DR. I. B. BRONUSHAS M. D.
(Address) 3037 O'Donnell St.

JAN 19 1934

M. D. B. 1268-9

E 97498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97498

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 Harlem Ave 20-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret L Shenk

(a) Residence: No. 1912 Harlem Ave St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John H Shenk

6. DATE OF BIRTH (month, day, year): Nov 5 1849

7. AGE: Years 83 | Months 2 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Jacob Rhodacill

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: James D Shenk
(Address) 1912 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1/20, 1934

19. UNDERTAKER: William Cook
(Address) 1217 St Paul Street

20. FILED ..... 19.. ..... Registrar.

JAN 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1933 to Jan 18, 1934

I last saw h.. alive on Jan 17, 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis — Date of onset 1929

Other contributory causes of importance:

Chr. Interstitial nephritis — Date of onset 1929

Name of operation ..... Date of .....

What test confirmed diagnosis: Thyroid Extirpation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1663 W North Ave

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-9

E 97499

E 97499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 S. Payson St., 20-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah V. Harkin

(a) Residence: No. 331 S. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ (or) WIFE of: John H. Harkin

6. DATE OF BIRTH (month, day, year): Dec 28th 1855

7. AGE: Years 78 | Months 0 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Thomas Flynn

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Bridget Kelly

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Catherine Mason

(Address) 331 S. Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 1/22/34

19. UNDERTAKER: J. H. Cook & Co

(Address) 1219 Edmondson Ave

20. FILED ... 19... Registrar.

JAN 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 18th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/3/32, 19..., to 1/17/34, 19...

I last saw h~~er~~ alive on 1/17/34, 19... Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis,	2
Arteriosclerosis —	2
Senile Asthenia	1
	1

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

1/18/34 (Signed) Adelle Henning M. D.

(Address) 2000 Rollins

V 53

OCCUPATION is very important. See instructions on back of certificate. Exact statement of ... in plain terms, so that it may be properly classified.

AaCo 5-31 250B

E 97590

97590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen'l Hosp St., 16-04 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mns ... ds. How long in U.S. if nf foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William B. LeCompte

(a) Residence: No. 3005 Annah Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~Her Wife of~~ Celeste P. LeCompte

6. DATE OF BIRTH (month, day, year) May 24th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Dorchester Co (State or country) Md

FATHER

13. NAME Frank A. LeCompte

14. BIRTHPLACE (city or town) Dorchester Co (State or country) Md

MOTHER

15. MAIDEN NAME Evelina Foxwell

16. BIRTHPLACE (city or town) St Mary's Co (State or country) Md

17. INFORMANT Celeste P. LeCompte (Address) 3005 Annah Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 1/20 34

19. UNDERTAKER Wm Cook (Address) 1215 E Fayette St

20. FILED ... 19... Registrar ...

APR 9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1933, to Jan. 18, 1934

I last saw him alive on Jan. 18, 1934 death is said to have occurred on the date stated above, at 1:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy	1925
Acute coronal heart failure.	1/18/34
Other contributory causes of importance:	
arteriosclerosis	?

Name of operation suprapubic cystotomy, prostatic resection Date of 12/17/33, 1/28/33

What test confirmed diagnosis? Surg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. M. L. Cousins, M. D.

(Address) So. Balto. Gen'l Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97501

E 97501

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 34

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Co.) Baltimore City Hospitals St., 1-4-61 Ward)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Henry Stearns

(a) Residence: No. 5571 Bloom St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Stearns (Sep)

6. DATE OF BIRTH (month, day, year) Sept 1, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bowie Md

FATHER

13. NAME William Stearns

14. BIRTHPLACE (city or town) (State or country) Fredyrick Md

MOTHER

15. MAIDEN NAME Anna Keaver

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 1-20 19 34

19. UNDERTAKER Dyer & Carson
(Address) 916 E Balto

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 19 34

22. I HEREBY CERTIFY, That I attended, deceased from Jan 12 19 34 to Jan 16 19 34

That I saw him alive on Jan 16 19 34 Death is said to have occurred on the date stated above, at 10-15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertension	
2 Cerebral Hemorrh.	2 hrs
3 Congestive failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I D Nagel M. D.

(Address) Balt City Hosp

information should be carefully supplied. AGE should be stated in YEARS, MONTHS, DAYS, if under one year. Exact statement of state CAUSE OF DEATH is very important. Indefinite terms, such as "Old Age," "Senility," "Exhaustion," "Heart Failure," "Cancer," "Tumor," "Abscess," "Consumption," "Tuberculosis," "Pneumonia," "Blood Poisoning," "Paralysis," "Convulsions," "Hemorrhage," "Fever," "Infection," "Septicemia," "Uremia," "Asphyxia," "Suffocation," "Drowning," "Shock," "Collapse," "Coma," "Delirium," "Dementia," "Insanity," "Epilepsy," "Meningitis," "Encephalitis," "Myelitis," "Neuritis," "Neuralgia," "Rheumatism," "Arthritis," "Nephritis," "Cystitis," "Peritonitis," "Appendicitis," "Hernia," "Obstruction," "Ulcer," "Gangrene," "Embolism," "Thrombosis," "Aneurism," "Valvular Disease," "Myocarditis," "Pericarditis," "Endocarditis," "Arteriosclerosis," "Hypertension," "Cerebral Hemorrhage," "Cerebral Embolism," "Cerebral Thrombosis," "Cerebral Softening," "Cerebral Abscess," "Cerebral Meningitis," "Cerebral Tumor," "Cerebral Aneurism

M. D. B. 1268-9

E 97502

HEALTH DEPARTMENT—CITY OF BALTIMORE

97502 V108

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME John Brown

(a) Residence: No. 531 Orchard St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Brown

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Provident Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1 20 34. 19

19. UNDERTAKER Lemmert Funeral Home

(Address) 716 Eutaw

20. FILED 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-12-34 . 19 , to 1-17-34 . 19

I last saw him alive on 1-17-34 . 19 . Death is said to have occurred on the date stated above, at 4 35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Dick Powers, M. D.

(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5-3

M. D. B. 1268-9

E 97503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4509 Frederick Ave) (St.) 5-01 (Ward)

Length of residence in city or town where death occurred Life mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kate Callahan

(a) Residence: No. 4569 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Michael Callahan

6. DATE OF BIRTH (month, day, year) Sept 17 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jane Fenton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs M Stamis

(Address) 4509 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 1/20 33

19. UNDERTAKER George A Kelly

(Address) Fulton & Lafayette

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933 to Jan 18, 1934

that I saw her alive on Jan 17, 1934 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 12/1/33

Other contributory causes of importance: —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify .....

(Signed) Eugene L. Cranmer, M. D.

1/19/34 (Address) 516 Druid Lane

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 9193

M. D. B. 1268-B

E 97504

E 97504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V 8

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Schaler

(a) Residence: No. 1560 Belair Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 5 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fullerton Md.

FATHER

13. NAME Leonard B. Schaler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Agnes Braid

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Leonard B Schaler

(Address) 1560 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Cem Date Jan 20 1934

19. UNDERTAKER Frederick Lemmon Sons

(Address) 2401 Belair Rd.

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1934 to Jan 18 1934

Last saw ... alive on Jan 8 1934 Death is said to have occurred on the date stated above, at 7401 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coil of Yeun	1/6
Toxic Myocarditis	1/8

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Kahn M. D.

(Address) Sydenham Hospital

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

No. 3

M. D. B. 1268-9

E 97505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97505

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward) 191

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Rosa Palmero

(a) Residence: No. 3300 White Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nicholas

6. DATE OF BIRTH (month, day, year) June 26th 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45 44	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Michael Deloia

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Lucia Leonarda

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Nicola Palmero

(Address) 3300 White Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 21 1934

19. UNDERTAKER Frank V. Cipitone

(Address) 2918 E. Baltimore St

20a. FILED JAN 19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-7 1934 to 1-17 1934

I last saw her alive on 1-17 1934 Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-6-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J Owen Mooney M. D.

(Address) Franklin Sq. Hosp.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-6

E 97506

HEALTH DEPARTMENT—CITY OF BALTIMORE

97506

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hyderkam Hospital

CITY OF BALTIMORE: (No. ____ St., 4-E Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charles Howard

(a) Residence: No. 3209 Independent St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 20, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	6	2928	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME John Howard

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Connell

16. BIRTHPLACE (city or town) ____ (State or country) Md

17. INFORMANT John Bryant

(Address) 3209 Independent St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Alberts Cemetery Date June 21, 1934

19. UNDERTAKER Edmund T. Hinkley

(Address) 1216 Eagle St

20. FILED ____, 19__ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1934 to Jan. 18, 1934

I last saw him alive on Jan. 18, 1934 Death is said to have occurred on the date stated above, at 10:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	Jan 1934
Pyemia	Jan 1934

Other contributory causes of importance:

Name of operation none Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) T. S. Hyderkam M. D.

(Address) Hyderkam Hospital

Information should be carefully supplied. All blanks must be filled. Physicians and others state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 97507

97507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Luther Hoffman.

(a) Residence: No. 2201 Elmira St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 2 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME David Hoffman Sr

14. BIRTHPLACE (city or town) Penna (State or country)

MOTHER

15. MAIDEN NAME Addie Earl

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT David Hoffman

(Address) 2201 Elmira St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Jan 20, 1934

19. UNDERTAKER J. Vernon Keehan

(Address) 1532 Eutaw Pl

20. FILED JAN 20 1934, 19... Registrar. H. E. Fellows M.D.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) January 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1934 to January 19, 1934

I last saw him alive on January 19, 1934 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable laryngeal Diphtheria	1-18-34

Other contributory causes of importance:

Name of operation Tracheotomy Date of 1-19-34

What test confirmed diagnosis? No. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Henry P. Chelby M. D.

(Address) Univ. Hospital

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M 3

E 97508

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

97508

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Parkleigh Villa St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Susan C. E. Carroll

(a) Residence: No. 2729 N. Charles St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Carroll

6. DATE OF BIRTH (month, day, year) 79 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Walker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. John J. Sanford

(Address) 2729 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Jan. 20. 1934

19. UNDERTAKER Mary M. Medford

(Address) 16 22nd Sts.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27 to Jan 18, 1934

I last saw him alive on Jan 18, 1934 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia secondary to Hypertension and Myocarditis	2 yrs

Other contributory causes of importance: Pulmonary Edema | 6-10 hrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H A Woody M. D.

(Address) 140 Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97509

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97509

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip J. Unkle

(a) Residence: No. 428 E. Lafayette Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph E. Unkle

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md.

MOTHER

15. MAIDEN NAME Dorothy Silvious

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Joseph E. Unkle (Father)
(Address) 428 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. 1/29 19 33

19. UNDERTAKER M. M. Studeba[illegible]
(Address) [illegible]

FILED ... 19... Registrar.

JAN 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 18/34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Ilio-colitis	
Para-typhoid ?	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [illegible] Coroner, M. D.

(Address) 508 E. Fayette

See instructions on back of certificate. OCCUPATION is very important.

M. D. B 1268-0

E 97510

97510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital. St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John McGuiness.

(a) Residence: No. 1929 N. Fulton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 29, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John McGuiness.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Clara Rose.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Clara McGuiness. (mother)
(Address) 1929 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 20 1934

19. UNDERTAKER John A. Inman
(Address) 3000 E. Baltimore St.

20. FILED Jan 21 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency.	
Congenital.	
Congenital abscess of Abdominal muscles.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.
1/19/34 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97511

97511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 a Worthington St. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura L. Masson

(a) Residence: No. 1022 N. Worthington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edward F. Masson

6. DATE OF BIRTH (month, day, year): Feb. 28-1864

7. AGE: Years: 69 | Months: 10 | Days: 21/30 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Robert Tedderman

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Annie Webb

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Amelia Masson
(Address): 1022 N. Worthington St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Date: Jan 20. 19 34

19. UNDERTAKER: Thos. F. Connelly
(Address): Govt. Md.

20. FILED ..... 19..... Registrar.

N 19134

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1. 1933 to Jan 18 1934

I last saw her alive on Jan 17 1934 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Trouble	Sept. 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William L. Rogers M. D.

(Address) 801 E. Kenwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

✓ E 97512

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97512

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH Pronounced dead abv

CITY OF BALTIMORE: (No. Mercy Hospital St., 5001 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ella Smith Lewis

(a) Residence: No. 411 Lewis St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Lewis

6. DATE OF BIRTH (month, day, year) Sept 10 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lutherville Md

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thomas Smith

(Address) 411 Lewis St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 1-20th, 1934

19. UNDERTAKER Wm. H. Manuel & Hight

(Address) 1 Riverside St

Registered 1-20 1934, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Jan 17 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Accidental Burn	
of Face & Thorax Fatal	1 day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Thos. H. Parran, Jr. M. D.
Coroner

(Address) Court House

STATE CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

JAN 20 1934

M. D. B. 1268-9

E 97513

97513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Fayette E St. 5-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Cassell

(a) Residence: No. 1071 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	38	2 10	426	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belle Md

FATHER

13. NAME Tilson Cassell

14. BIRTHPLACE (city or town) (State or country) Bells Md

MOTHER

15. MAIDEN NAME Hester Boone

16. BIRTHPLACE (city or town) (State or country) Easton Md

17. INFORMANT Mattie Walker

(Address) 1011 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date Jan 22nd 1934

19. UNDERTAKER Byson & Mamie Knight

(Address) 2131 E Baltimore St

20. FILED JAN 22 1934, 19 ... Jan 11 ..., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on January 1934. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular.	
which Ruptured into	
the Larynx.	Sudd.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James M Hanlon, M. D. Coroner

(Address) 2000 Chase

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97514

97514

107-001

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3014 Rosalie Ave. Ward) Sta 27-01

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Elizabeth Katz

(a) Residence: No. 3014 Rosalie ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced RESHAND of (or WIFE of) Sylvan Katz

6. DATE OF BIRTH (month, day, year) Dec 16-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John L. Stout

14. BIRTHPLACE (city or town) (State or country) W. Virginia Salem

MOTHER

15. MAIDEN NAME Jennie Walter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Sylvan Katz

(Address) 3014 Rosalie ave.

18. BURIAL, CREMATION, OR REMOVAL Date Jan 20, 1934

Place St. Mary's Hampden Lore

19. UNDERTAKER Chenoweth & Lore

(Address) 3605-13 Rhenlund Ave.

Huntington Indiana

Registrar.

JAN 20 1934

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1934, to January 18, 1934

I last saw her alive on January 18, 1934 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia. Date of onset 1-12-34

Other contributory causes of importance:

none

Name of operation ____ Date of ____

What test confirmed diagnosis? B.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

26. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson ave.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

97515 E 97515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 W 26th St St. 12-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert L. Parrish.

(a) Residence: No. 411 W 26th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida B. Parrish.

6. DATE OF BIRTH (month, day, year) Feb 25 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME William Parrish

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Sarah Whitely

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT June Williams

(Address) 3814 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan 22, 1934

19. UNDERTAKER Thos. Tobin Son

(Address) 36 E. Preston Ave Huntington Md

20. FILED JAN 20 1934, 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Lobar

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. Morrison M. D. Coroner

(Address) 3532 Roland Ave

M. D. R. 1268-9

E 97516

97516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4332 Old York Road 27-61 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Ellen Mc Laughlin

(a) Residence: No. 4332 Ready St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Guilford Mc Laughlin

6. DATE OF BIRTH (month, day, year) Jan 21, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home mfr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Baden Baden German

MOTHER

15. MAIDEN NAME Ellen O'Neil

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Daughter Mrs Guilford Mc Laughlin

(Address) 4332 Ready

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Govans Date Jan. 22 1934

19. UNDERTAKER E. Leroy Stiffler, & Inc.

(Address) 125 E Northside.

20. FILED JAN 20 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1933 to Jan 18 1934

last saw h[illegible] alive on Dec 18 1933 Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart	Oct 24 Jan 24
Other contributory causes of importance: Myocardial Fibrosis Cardiac Asthma	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A Evans M. D.

(Address) 612 W 40 St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Savoy

(a) Residence: No. 1524 Fenno Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	43	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Falls (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Georgia Riley
(Address) 1230 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1-20-1934

19. UNDERTAKER Mrs R. A. Elliott
(Address) 429 W Franklin St Baltimore Md

20. FILED JAN 20 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. J. Young M.D. M. D.
Coroner

(Address) 1201 Fallsway Balto

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

N 29 1934

M. D. B. 1268-9

E 97518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97518

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Ives Cht

CITY OF BALTIMORE: (No.) 1224 Maryland Ave St., 11-06 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Mc Clure Fisher

(a) Residence: No. 1224 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Martha Rouse Fisher

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
abt	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Parks Fisher

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Marie Schley

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Frank S Fisher
(Address) 4803 Forte Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Jan 20, 19 34

19. UNDERTAKER J. Wenkins & Co
(Address) Edmondson Ave Baltimore Md

Huntington Williams, M.D.
Registrar.

FILED JAN 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on January 19 Death is said to have occurred on the date stated above, at P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Unknown

Other contributory causes of importance:

Coronary Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James M Gaston Coroner, M. D.

(Address) 200 E Chase

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

N 20 1934

M. D. B. 1268-9

E 97519

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97519

CERTIFICATE OF DEATH

9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 18-21 Ward)

Length of residence in city or town where death occurred [illegible] ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond Sampson

(a) Residence: No. [redacted] E. Schroeder St., 225 N. Schroeder St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	1	25 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Isaac Sampson

14. BIRTHPLACE (city or town) Hanover Md
(State or country)

MOTHER

15. MAIDEN NAME Irene Hayman

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Irene Sampson
(Address) [redacted] E. Schroeder St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 20, 1934

19. UNDERTAKER Mrs. Katie A. Williams
(Address) 322 N. Schroeder Ste.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 34 to Jan 18, 34
I last saw him alive on Jan 16, 34. Death is said to have occurred on the date stated above, at 9.57 m.

The principal cause of death and related causes of importance were as follows:

	Duration
Pneumonia	16 ds
Bronchial Pneumonia	Jan 16

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Lacken M. D.

(Address) Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

M. D. B. 1268-9

E 97520

97520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 St. Paul St. 1-06 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary H. Bailey

(a) Residence: No. 715 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23, 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denton
(State or country) Md.

FATHER

13. NAME Wm. H. Bailey

14. BIRTHPLACE (city or town)
(State or country) Md.

MOTHER

15. MAIDEN NAME Julia Ann

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT Frances F. Grafton
(Address) 715 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 22, 1934

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED Jan 20 1934 Clayton Phillips, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1934, to Jan. 19, 1934

I last saw h.. alive on Jan. 19, 1934 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis -	

Other contributory causes of importance:

Malnutrition - Senility

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. F. Robinson M. D.

(Address) Medical Arts Building

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 3

M. D. R. 1268-0

✓ E 97521

HEALTH DEPARTMENT—CITY OF BALTIMORE

97521

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 E. 25 st St. 12-01 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Florence C. Stuart

(a) Residence: No. 114 E 25. st St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W.

5. Single, ~~Married, Widowed, or Divorced~~ (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 68

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Chas Stuart

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma Jones.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs E Wheeler
(Address) 408 Northway

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Jan 20- 34

19. UNDERTAKER Putnam & Co
(Address) 2247 Charles N.

20. FILED JAN 20 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19- 19 34

22. I HEREBY CERTIFY, That I attended deceased from ___ 19 ___ to ___ 19 ___

I last saw h___ alive on ___ 19 ___ Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tabular Disease of Heart

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___ 19 ___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___
If so, specify ___

(Signed) John H Mowbray M. D.

(Address) 3612 Roland Ave Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

97522 ✓ E 97522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3815 Copley Road St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David A. Dixon

(a) Residence: No. 3815 Copley Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of Julia A Dixon

6. DATE OF BIRTH (month, day, year) June 30 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md.

FATHER

13. NAME Isaac Dixon

14. BIRTHPLACE (city or town) (State or country) Easton Md.

MOTHER

15. MAIDEN NAME Amanda Mason

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Joseph Fitzpatrick
(Address) 3815 Copley Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan. 20, 1934

19. UNDERTAKER L. Fenwick McNally
(Address) 130 E. Fort Ave.

20. FILED JAN 20 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1933, to Jan 18, 1934

I last saw him alive on Jan 18, 1934. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance:	
Hypostatic Pneumonia	1-16 34

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Dubert, M. D.

(Address) 3608 Eliguria Ave

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

20 1934

M. D. B. 1268-9

✓ E 97523

97523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. Colvin St., 5-01 Ward)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wesley Butts

(a) Residence: No. 110 Colvin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 640

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Md

FATHER

13. NAME Bill Hunt

14. BIRTHPLACE (city or town) (State or country) A A Co. Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sarah Butts Wife
(Address) 216 Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Richmond Date Jan 20 1934

19. UNDERTAKER Robt. Williams
(Address) 1516 Mt. Elderry St

20. FILED ... 19... Registrar.

R 201934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1934 to Jan 13 1934

I last saw h[illegible] alive on Jan 13 1934 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	8 days
Other contributory causes of importance:	
Bronchial asthma	2 days

Name of operation ✓ Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ... 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify ...

(Signed) Edward Fisher M. D.

(Address) 1612 E Monument

Information should be entered by typewriter. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97524

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. 15-61

CITY OF BALTIMORE: (No. 2308 Chelsea Terrace St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Hurst

(a) Residence: No. 2308 Chelsea Terrace St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola C. Hurst

6. DATE OF BIRTH (month, day, year) Nov. 4 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

FATHER

13. NAME William H. Hurst

14. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

MOTHER

15. MAIDEN NAME Dorinda Sparrow

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lola C. Hurst

(Address) 2308 Chelsea Ter.

18. BURIAL, CREMATION, OR REMOVAL

Place Gwynn's Island Matthews Co Va Date Jan 21 1934

19. UNDERTAKER John F. Devaney

(Address) 215 Light St

20. FILED [illegible] Registrar.

JAN 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/14/34, 19..., to 1/19/34, 19...

I last saw h[illegible] alive on 1/19/34, 19... Death is said to have occurred on the date stated above, at 9.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/14/34
Lt. Lower Lob.	

Other contributory causes of importance:

Cardiac failure.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) C. Kirk L. Mortimer M. D.

(Address) 2301 Fullerton

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97525 97525

CERTIFICATE OF DEATH

Registered No. + 134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. W-Ob Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Bennett

(a) Residence: No. Woodstock, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Bennett

6. DATE OF BIRTH (month, day, year) 6/26/1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Isbe Bennett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anita Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Catherines Woodstock Date 1/22 1934

19. UNDERTAKER Bernard C. Hafer
(Address) 1000 E. Fayette St

20. FILED JAN 20 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19- 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-7-33 19 to 1-19-34 19

I last saw h alive on 1-19-34 19 Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral bronchopneumonia	2
Myocarditis. Left side	4
Chronic nephritis	2

Other contributory causes of importance:

Name of operation Cystoscopy Date of 12-7-33

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Hufford M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97526

CERTIFICATE OF DEATH

E 97526

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 N. Port St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 36 yrs. ... mos. ... ds.

2. FULL NAME George Radej

(a) Residence: No. 905 N Port St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Theresa Radej

6. DATE OF BIRTH (month, day, year): Nov 5, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	77	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Peter Radej

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: George Radej Jr.

(Address) 905 N Port St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 23 1934

19. UNDERTAKER: Frank Brack & Son

(Address) 1906 Eastern Ave

20. FILED ... 19... Registrar.

JAN 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1934 to Jan 20 1934

I last saw him alive on Jan 19 1934 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	7
Myocarditis	
Hypertension	

Other contributory causes of importance:

Cystopexy	5 days

Name of operation: Cystopexy Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lucien V. Foote M. D.

(Address) 845 N. Patterson Park Ave

VS. 3

Information should be given in accordance with instructions on back of certificate. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97527

CERTIFICATE OF DEATH

E 97527

1. PLACE OF DEATH Franklin Square Hospital 133 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Julia Wise

(a) Residence: No. 620 S. Decker Ave St., (Decker) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 18 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jacob Parker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Topatzki

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frances Mitchell

(Address) 620 S. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place W. Stanislaus Date 1-22 1934

19. UNDERTAKER Fletcher & Fialkowski Inc.

(Address) 1000 S. Linwood Ave.

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1933 to Jan 18, 1934

I last saw her alive on Jan. 18, 1934 Death is said to have occurred on the date stated above, at 2 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis, left Kidney	9-17-33
Other contributory causes of importance: Post-Operative Work	1-15-34

Name of operation Left Nephrectomy Date of Jan 14, 1934

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. C. Grace, M. D.

(Address) Franklin Square Hosp.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AdCo. 5-31 250B

E 97528

HEALTH DEPARTMENT—CITY OF BALTIMORE

97528

93-003

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH South Baltimore General Hospital Dept of
CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 56 yrs. 9 mos. 15 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Boies

(a) Residence: No. 1632 Webster St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna M. Boies

6. DATE OF BIRTH (month, day, year) April 3rd 1877

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	56	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Boies
14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Bonnemaud
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna M. Boies
(Address) 1632 Webster St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 19th 1934

19. UNDERTAKER F. E. Thompkins Son
(Address) 508 Eutaw Place

20. FILED Jan 19 1934 Huntington Williams M.D. Registrar.

JAN 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1934 to Jan 18, 1934
I last saw him alive on Jan 16, 1934 death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	Jan 18th
Other contributory causes of importance: Chronic Myocarditis Emphysema	1931

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) S. H. Barranco, M. D.
(Address) 436 E. Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

97529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97529

V 23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2612 E. Lombard St. 70 Ward)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 27 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Strauss

(a) Residence: No. 2612 E. Lombard St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Strauss

6. DATE OF BIRTH (month, day, year) Aug. 21-1861

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
72	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Louis Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Rinehimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis H. Strauss
(Address) 2612 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Date Jan. 21 1933

19. UNDERTAKER J. B. Stuper & Son
(Address) 2300 Eastern Ave.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 . 1932 to Jan 18 . 1933

I last saw her alive on Jan 18 . 1933 Death is said to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry Glassman M. D.

(Address) 753 W. Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 933

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97530 97530

CERTIFICATE OF DEATH

V 165

Registered No. 8-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 E. Lafayette Ave St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo John Meisel

(a) Residence: No. 1802 E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 4/1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Meisel

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mollie Wilmot

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mollie Meisel (mother)
(Address) 2833 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date Jan 22nd 1934

19. UNDERTAKER Henry Hoen Sons, Inc
(Address) 1381 E. Eager St.

20. FILED Jan 22 1934 Huntington Williams M.D. Registrar.

N 20 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 18/34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above at before 8 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by hanging	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Jan 18/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Hung himself with rope

Nature of injury from joist in cellar

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) X J. H. Paul [redacted] M. D.
Coroner

(Address) 508 E Fayette St

M. D. B. 1268-9

E 97531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97531

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Kirkleigh Villa St. 27-01 Ward)

Registered No. 87 6 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town (where death occurred) 3 yrs. 3 mos. 20 ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ann Forrest

(a) Residence: No. Kirkleigh Villa St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) July 11 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Worcester Mass.

FATHER

13. NAME Michael Forrest

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen O'Leary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wm T. Foley Husband

(Address) 215 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Lenox Mass Date Jan 22/ 34

19. UNDERTAKER Stewart Memorial Company

(Address) 1015 W Fayette St.

20. FILED JAN 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1934 to Jan 20 1934

(Last saw h.. alive on Jan 20 1934) Death is said to have occurred on the date stated above, 12.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Myocarditis	1 wk
Pulmonary oedema	
Other contributory causes of importance: Senility Bronchopneumonia Influenza	1 wk

Name of operation none Date of ...

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Vernon J Kelly M.D.

(Address) 608 Somerset Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 97532

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97532

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4102 Walrad St. 20-21 Ward)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jane Margaret Adelsberger

(a) Residence: No. 4102 Walrad St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Francis L. Adelsberger

6. DATE OF BIRTH (month, day, year) May 4 61

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	71	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gettysburg Penna

MOTHER

13. NAME Catherine Rallman

FATHER

13. NAME Nicholas Baker

14. BIRTHPLACE (city or town) (State or country) Alsace Lorraine Germany

16. BIRTHPLACE (city or town) (State or country) Orlanna Penna

17. INFORMANT Kavanaugh Baker
(Address) 401 Gale ave

18. BURIAL, CREMATION, OR REMOVAL Jan 23 1934
St Josephs Cemetery Emmitsburg Md 19

19. UNDERTAKER M. F. Elder Jr
(Address) Emmitsburg Md

20. FILED JAN 24 1934 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19th, 1934, to Jan 20th, 1934
I last saw her alive on Jan 20, 1934 death is said to have occurred on the date stated above, at 6.10 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	about 4yrs
(Other contributory causes of importance)	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ernest Spencer Jr., M. D.
(Address) 4123 Fredericks Ave. Balto. Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 1-31 2500

E 97533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97533

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Moreland Ave Ward) 46-01

Length of residence in city or town where death occurred 60 yrs 11 mos 18 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Weller

(a) Residence: No. 1524 Moreland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William P. Weller

6. DATE OF BIRTH (month, day, year) Feb 2 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick McClain

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Leonard

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT William P. Weller
(Address) 1524 Moreland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan 23 1934

19. UNDERTAKER J. Q. Loerdens & Son
(Address) 1217 E. Pratt

20. FILED ... 19... Registrar

JAN 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1934 to Jan 20 1934
I last saw h[illegible] alive on Jan 20 1934 death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular	

Other contributory causes of importance:

Apoplexy	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease ~~or injury~~ in any way related to occupation of deceased? No If so, specify ...

(Signed) W. E. Loerdens M. D.

(Address) 1211 Eutaw Place

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. Do not state mode of dying, such as heart failure, asthenia, etc. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

E 97534

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97534

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 N. Bradford St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward C. Belitski

(a) Residence: No. 1127 N. Bradford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna A. Belitski

6. DATE OF BIRTH (month, day, year) Aug 25-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Amusement Co

10. Date deceased last worked at this occupation (month and year) 6

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Belitski

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Kuanz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna A Belitski

(Address) 1127 N Bradford

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date 1/21 34

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 34 to Jan 18 34

I last saw h.. alive on Jan 15 34 Death is said to have occurred on the date stated above, at 5:50 p. m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation 2 yrs
Cerebral Apoplexy 4 days

Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. H. Dittmar Clark M. D.

(Address) 1127 N Bradford

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Entry of OCCUPATION is very important. See instructions on back of certificate.

E 97535

M. D. B. 1 [illegible] E 97535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 46

1. PLACE OF DEATH — St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., 13-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frances Lilly

(a) Residence: No. 624 W 36th St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 19. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Hugh C Lilly

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susan Estarmon

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Gilbert C Lilly

(Address) 624 W 36th St

18. BURIAL, CREMATION, OR REMOVAL

Place Holbert Date 1/22/34

19. UNDERTAKER Wm Cook

(Address) 1212 E Monument St

20. FILED ... 19... Registrar.

JAN 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1934 to Jan. 19, 1934

I last saw h[illegible] alive on Jan. 19, 1934 Death is said to have occurred on the date stated above, at 1 25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pituitary Gland	Dec 1933

Other contributory causes of importance:

[illegible] 12-33

Name of operation Laparotomy Date of 1-16-34

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. Duncan, M. D.

(Address) St. Agnes Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P S 3

Spec.—2-19-28—L.F. S.—[illegible]

E 97536

E 97536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 Hchester ave ST., 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James A McDonald

(a) RESIDENCE NO. 419 Hchester ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colrd	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna H McDonald

6 DATE OF BIRTH (month, day, and year) Feb 27 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer [illegible]

9 BIRTHPLACE (city or town) (State or country) Hartford Co Md

PARENTS

10 NAME OF FATHER James A McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs Edna H McDonald

(Address) 419 Hchester ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 - 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934, to Jan 20, 1934, that I last saw h[illegible] alive on Jan 19, 1934 and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart Disease

[illegible] (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D Distefano M. D.

Jan 20, 1934 (Address) 1407 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 1/23 1934

20 UNDERTAKER J M Cook

ADDRESS [illegible] Eutaw St

Important. See instructions on back of certificates.

M. D. B. 1268-9 E 97537

E 97537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 711 S. Fagley St. 26-01 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Robert Wood

(a) Residence: No. 711 S. Fagley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~or wife of~~ Dorothy Wood

6. DATE OF BIRTH (month, day, year) Feb 1st, 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
81	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Knots Island
(State or country) North Carolina

FATHER

13. NAME William Woods

14. BIRTHPLACE (city or town) Knots Island
(State or country) North Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mary Schott
(Address) 711 S. Fagley St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Date Jan 23rd 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 18th, 1934 to January 20th, 1934

I last saw him alive on January 20th 1937. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-Renal disease	?

Other contributory causes of importance:

Name of operation ..... Date of ——

What test confirmed diagnosis? N. E. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible] M. D.

(Address) Emmitsburg, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 97538

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97538

CERTIFICATE OF DEATH

91-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. St., Ward) Book 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 6 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Agnes Klenner

(a) Residence: No. 3310 Auchentoroly Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Klenner

6. DATE OF BIRTH (month, day, year): June 28 - 1890

7. AGE: Years 43; Months 6; Days 7; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: George R. Wannemacher

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Annie C. Bundner

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Mr. William Klenner

(Address) 3310 Auchentoroly Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jan. 22, 1934

19. UNDERTAKER: George L. Lehnert

(Address) 2101 Eutaw Place.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1934 to Jan. 18, 1934

I last saw h.. alive on Jan. 18 19 34 Death is said to have occurred on the date stated above, at 10:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bacterial Endocarditis	Dec. 20
& Septicemia &	Jan. 14
Embolus to Brain	Jan. 14

Other contributory causes of importance:

Name of operation: None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John K. Ruhrah M. D.

(Address) West Balt. Gen. Hospital

Form 3

Information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

E 97539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97539

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2334 Fredrick Ave St. 20-01 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mrs. Margaret Hefner

(a) Residence: No. 2334 Fredrick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Hefner

6. DATE OF BIRTH (month, day, year): July 29th 1867

7. AGE: Years 66 | Months 5 | Days 19 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Conrad Rumkel
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Margaret Stumpff
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Peter Hefner
(Address) 2334 Fredrick Ave.

18. BURIAL, CREMATION, OR REMOVAL? Place Mount Olivet Date Jan. 22 1934

19. UNDERTAKER: George L. Schwab.
(Address) 2101 Fredrick Ave.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933 to Jan 18, 1934

I last saw her alive on Jan 18 1934 death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation Ch. Ch. Bronchial asthma. General arteriosclerosis	years
Other contributory causes of importance: Cerebral Hemorrhage Pulmonary edema	10 hrs

Name of operation none Date of

What test confirmed diagnosis? N.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John T. Mead, M. D.
(Address) 804 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a

E 97540

E 97540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 Mondawmin Ave. St., 13-61 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Harris L. Hartz

(a) Residence: No. 2234 Mondawmin Ave St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothier Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ben Hartz

(Address) 2234 Mondawmin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Memorial Park Date 1/21/34 19

19. UNDERTAKER J. Frederick Love

(Address) 432 E. Baltimore St.

20. FILED JAN 21 1934 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20/34 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1933 to Jan 19 1934

I last saw h... alive on Jan 20 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Angina Pectoris	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Nuzum M. D.

(Address) 3419 Reisterstown

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8-53 3

M. D. B. 12659 E 97541 E 97541

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 133

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St., 6-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

2. FULL NAME Hyman Walman

(a) Residence: No. 3 Irving Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Walman
(Address) 1722 E Balto St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date 1/21/34 19

19. UNDERTAKER Jack Levin Inc.
(Address) 1432 E. Baltimore St.

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-31-33. 19 . to 1-20 . 1934

I last saw him alive on 1-20 . 1934 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Renal + Ureteral Calculi	? 1922
Hydronephrosis	1922
Pyonephrosis	1922
Other contributory causes of importance: Chr. Bronchitis	?
Acute Cardiac Dilatation	1-20-34

Name of operation Nephrostomy Date of 12-31-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris E. Hamm, M. D.

(Address) Sinai Hospital

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265 E 97542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97542

V 24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. Room 223 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Warren Berlin

(a) Residence: No. 2024 Clifton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 6 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ben Berlin

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Nellie Wilk

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Lorraine Date 1/24/34, 19

19. UNDERTAKER Jos. Levi Sons

(Address) Park & Lanvale

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1934 to Jan. 21, 1934

I last saw him alive on Jan 21, 1934 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Jan. 14

Other contributory causes of importance: —

Name of operation None Date of —

What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John [illegible] M.D.

(Address) West Baltimore Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 9

M. D. B. 1268-9 E 97543 E 97543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3506 Auchentoroly Terrace) 27th Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Lutzky

(a) Residence: No. 3812 Strathmore Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henrietta Lutzky

6. DATE OF BIRTH (month, day, year) Sept 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Lutzky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Goldberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. B. Lutzky
(Address) 3812 Strathmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Chevra Shalom Cem. Date Jany 22. 1934

19. UNDERTAKER David Sondheim & Son
(Address) 1903 Eutaw Place

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31. 19... to ... 19...
I last saw him alive on Jan 21 1934 Death is said to have occurred on the date stated above, at ? m Jan 24/34

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary Thrombosis	
Other contributory causes of importance: Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Peter M. Greenberg M. D.

(Address) 461 Eastern

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

MAR 1 1934

M. D. H. 1968-9 E 97544

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97544

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ~~City~~ Sinai Hospital St. 21-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lennie McNew
(a) Residence: No. 753 W. Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Mc. News

6. DATE OF BIRTH (month, day, year) Feb 14. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER
13. NAME Christopher Kuhn
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Susan Hempfelter
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gertrude Kunkel
(Address) 753 W. Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Jan 22 1934

19. UNDERTAKER Mrs. Mc. News. John W. Finkel & Son
(Address) 801 W. Fayette St.

20. FILED JAN 21 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16. 1933 to January 19. 1934. I last saw h.. alive on Jan 18. 1934. Death is said to have occurred on the date stated above, at 11 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	—

Other contributory causes of importance:

Chr Myocarditis Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Samuel A. Ogus M. D.

(Address) Sinai Hospital

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1206-9 E 97545 E 97545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 93-004

Registered No. 6-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Heaps

(a) Residence: No. 2525 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate Heaps

6. DATE OF BIRTH (month, day, year) March 31, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 77	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co. (State or country) Md

FATHER

13. NAME Robert Heaps

14. BIRTHPLACE (city or town) Harford Co. (State or country) Md

MOTHER

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) Harford Co. (State or country) Md

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Emory - Harford Co. Md Date Jan 23 1934

19. UNDERTAKER Harry M. Armagost & Son (Address) 4204 Edgewood Ave.

20. FILED JAN 21 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1933 to Jan 20 1934

I last saw him alive on Jan 20 1934 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis general	?
Myocardial insufficiency	1 mo
Congestive failure	

Other contributory causes of importanre:

Autopsy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Hazell M. D.

(Address) Balt. City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ps 3

M. D. B. 12c-3e B 97546 LF 97546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital — Registered No. ____
CITY OF BALTIMORE: (No. ____ St. 28-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Cora Charlotte Longley (Cora Charlotte Longley)
(a) Residence: No. Milford - Pikesville (Usual place of abode) Milford Road near Liberty Road, St., ____ Ward. ____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Garrison Longley

6. DATE OF BIRTH (month, day, year) March 12, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	48	10	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER
13. NAME John Betts
14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER
15. MAIDEN NAME Alverda Lee
16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT (Address) Mr. Garrison Longley Milford Road, near Liberty Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Jan. 22 19 34

19. UNDERTAKER (Address) Joseph H. Cook 1008 N. Baltimore St.

20. FILED ____ 19__ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1934 to Jan 20 1934
I last saw her alive on Jan 20 1934. Death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
Nephritis	

Other contributory causes of importance: Carcinoma of Cervix — 2 yrs
Metastasis to sigmoid

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____
(Signed) Harry S. Kelly M. D.
(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-30 E 97547

E 97547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 N. Saratoga St. 18-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Flora La Martina

(a) Residence: No. 741 N. Saratoga St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Frederick La Martina

6. DATE OF BIRTH (month, day, year) - - 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvador Bargonetti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Samuel La Martina

(Address) 741 N. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL Date Jan 22 1934

Leon Cathedral

19. UNDERTAKER Leonard Hafford Sr

(Address) 534 Hartford Rd

20. FILED [illegible] 19 [illegible] Registrar.

JAN 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19 19 34

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1934 to Jan. 19 1934

last saw h.e alive on Jan. 19 1934. Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1/12/34

Other contributory causes of importance:

Cystitis & chronic Cardiovascular Renal disease	unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. D. Winnells M. D.

(Address) Medical Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-A

E 97548

E 97548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2742 Tivoly Ave. St. 9-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Cooksey

(a) Residence: No. 2742 Tivoly, Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mansfield Cooksey

6. DATE OF BIRTH (month, day, year) June 15, 1850.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	83	7	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done: as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg W.VA.

FATHER

13. NAME John Glassford

14. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

MOTHER

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

17. INFORMANT Harry W. Fox
(Address) 2742 Tivoly, Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 22, 1934

19. UNDERTAKER Frederick W. Coale
(Address) 2000 Lombard St

20. FILED ... 19... ... Registrar.

JAN 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1934 to Jan 19, 1934

I last saw h[illegible] alive on Jan 15, 1934. Death is said to have occurred on the date stated above, at 2 30/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma liver	1933

Other contributory causes of importance:

Organic heart dis.	1930

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 97549 E 97549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 Spaulding Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Lee Smith

(a) Residence: No. 3012 Spaulding St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda M. Smith

6. DATE OF BIRTH (month, day, year) May 6 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
	31	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpet Cleaning Co

10. Date deceased last worked at this occupation (month and year) January 6 1934

11. Total time (years) spent in this occupation 3 Yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Carrol E. Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mattie R. Geasey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hilda M. Smith
(Address) 3012 Spaulding Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Date Jan 22 1934

19. UNDERTAKER Josiah Sykes
(Address) 1400 W. North ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1934

22. I HEREBY CERTIFY, That I attended deceased from January 7th 1934 to January 19th 1934
I last saw him alive on January 19th 1934. Death is said to have occurred on the date stated above, at 10-40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	1/7/34
Sepsis	
Uremia	1/19/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm Thurman M. D.

(Address) 1701 E. Fayette Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97550

-796 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97550

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 13-61 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Bricker

(a) Residence: No. 746 Rezeroz St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 3/17/65

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME John Bricker

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Amanda Stout

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date Jan 23 1934

19. UNDERTAKER Joseph B. Fyfer
(Address) 1604 W. North Ave

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1933 to Jan 20 1934

I last saw him alive on Jan 20 1934 Death is said to have occurred on the date stated above, at 12 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urinary infection	December 1933
Uraemia	

Other contributory causes of importance:

Paresis, general	2 years

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Josef J. Bergmeyer M. D.

(Address) Johns Hopkins Hospital.

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

E 97551

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97551

CERTIFICATE OF DEATH

X V 154

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard P. Day

(a) Residence: No. Severn Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Carrie L Day

6. DATE OF BIRTH (month, day, year) Dec 8 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Severn Maryland

FATHER

13. NAME Rufus E. Day

14. BIRTHPLACE (city or town) (State or country) Severn Md

MOTHER

15. MAIDEN NAME Bessie L Arthur

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Rufus E Day
(Address) Severn Md

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Memorial Cemetery Co. Date Jan 23 1934

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED JAN 21 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1933 to Jan 20 1934.

I last saw him alive on Jan 20 1934. Death is said to have occurred on the date stated above, at 10.55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic osteomyelitis, Cardio's abscess	
Other contributory causes of importance: Pyaemia	

Name of operation Incision & Drainage Date of 11/11/33

What test confirmed diagnosis? Blood culture. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Hawkins Jr. M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

C.S.-3

M. D. B. 1268-B

E 97552 ✓ E 97552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 E Mnd St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Priscilla Kehaw (MARIE PRISCILLA KEHAW)

(a) Residence: No. 331 E. Mnd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed or divorced, HUSBAND of (or) WIFE of Daniel Kehaw

6. DATE OF BIRTH (month, day, year) Oct. 15-1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86 85		3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Mc Coombs

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Robinson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joseph Healy

(Address) 1107 E. Lafayette ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Shrewsbury Pa Date 1-22, 1934

19. UNDERTAKER Wm. Cook

(Address) 1217 St. Paul st.

20. FILED JAN 21 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19-, 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~10-11-~~ ~~1933~~ to ~~1-19-~~ ~~1934~~

I last saw ~~him~~ alive on ~~1-19-~~ 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Mitral Regurgitation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D. Coroner

(Address) 36 W. Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 97553

28042 E 97553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

×51

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harvey Lower

(a) Residence: No. Roaring Springs St., ... Ward. Altoona Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-6-71

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Signalman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME John Lower

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Eliz Gatling

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Roaring Springs Date Jan 24 1934

19. UNDERTAKER Charles P. Powell
(Address) 2304 Edmondson Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Jan 21, 1934
I last saw him alive on Jan 21, 1931. Death is said to have occurred on the date stated above, at 2.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Bladder	

Other contributory causes of importance:

Multiple metastases	

Name of operation Chordotomy Date of Jan 20 1934

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.

(Address) John Hopkins Hospital

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-1

E 97554 ✓ E 97554

280646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 157-001

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Arthur Kaecher

(a) Residence: No. 834 Park ave St., ... Ward. Racine Wis
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
M	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ....

6. DATE OF BIRTH (month, day, year) June 25 1933 unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milwaukee Wis

FATHER

13. NAME Paul Kaecher

14. BIRTHPLACE (city or town) (State or country) Wis

MOTHER

15. MAIDEN NAME Alice Lutz

16. BIRTHPLACE (city or town) (State or country) Milwaukee Wis

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Milwaukee, Wis Date Jan 21, 1934

19. UNDERTAKER Wm. J. Tuckner Sons
(Address) North & Pa ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1934, to Jan 21, 1934. Last saw h.im alive on Jan 21, 1934. Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	Dec 15th
	do

Other contributory causes of importance:

Pneumonia Lobar pneumonia

Name of operation Ventriculo Pleurostomy Date of 1/18/34

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. B. Abercrombie M. D.

(Address) Johns Hopkins Hospital

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 97555 ✓ E 97555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eva Jones

(a) Residence: No. 1312 Argyle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Homer Jones

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 639

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT James Jones (Address) 1312 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Jan 22 1934

19. UNDERTAKER Thomas E. Kelson (Address) 303 Brentmans st

20. FILED JAN 22 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-2-34 . 19 ..... to 1-11-34 . 19 .....

I last saw her alive on 1-11-34 . 19 ..... Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Normal Termination of Pregnancy 1-2-34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William Lee Rose M. D.

(Address) Provident Hospital

Form 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97556 ✓ E 97556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 N. Bradford St., 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Loretta E. Ruhl

(a) Residence: No. 1505 N Bradford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Roland E Ruhl

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mildred Stanley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mildred Ruhl
(Address) 1505 N Bradford

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 22 1934

19. UNDERTAKER Leo D. Lough
(Address) 1723 N Patt Park Ave

20. FILED ..... 19 .....
Registrar

JAN 22 1934

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) JAN 20 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1934 to JAN 20 1934. 19

I last saw her alive on JAN 20 1934. 19 Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	3 Wks

Other contributory causes of importance:

Bronchio Pneumonia	3 Days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward Leavitt M. D.

(Address) 413 N Eutaw St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 97557

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97557

92-001

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3609 Green Spring Ave. 20th Ward)

2-FULL NAME Herbert Conrad Fear

(a) RESIDENCE NO. 3609 Green Spring Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed, or Divorced~~. (write the word)
Male	White	Married

3a If married, ~~widowed or divorced~~ HUSBAND of ~~wife of~~ Alma Fear

6 DATE OF BIRTH (month, day, and year) Sept 29th 1889

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	44	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) _____ (State or country) Md.

PARENTS

10 NAME OF FATHER Boston Fear

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Elizabeth Leckner

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Germany

14 Informant Herbert C. Fear Jr

(Address) 3714 Manchester ave

15 Filed _____ 1934 _____ Registrar

JAN 22 1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 19th 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____ (Coroner) M. D.

1/21, 1934 (Address) 363 r Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death _____ yrs., _____ mos., _____ ds. In the State _____ yrs., _____ mos., _____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudone Park — Date of Burial 1/23/1934

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

E 97558 ✓ E 97558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., 16-01 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Horne

(a) Residence: No. 3000 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of Agnes Horne
~~the~~ WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Shop Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United R.R. Co

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME James Horne

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Hutchinson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT James Horne Jr
(Address) 3000 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 23rd 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/18/34 . 19 . to 1/21/34 . 19

I last saw HIM alive on 1/21/34 . 19 . Death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1/17/34

Other contributory causes of importance:

Acute cirrhosis	?
arteriosclerotic cardiovascular disease	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arthur Karlgaard M. D.
(Address) Mercy Hospital

V S 3

INSTRUCTIONS: Be sure that all items are properly answered. Each certificate must be typewritten or written with pen and ink. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1250

E 97559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. 27-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5509 Sefton Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Fleischman

(a) Residence: No. 5509 Sefton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~or wife of~~ Annie L. Fleischman

6. DATE OF BIRTH (month, day, year) Dec 15th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Butcher 0-12

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Fleischman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Thomas

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT Lula A. Fleischman

(Address) 5509 Sefton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 23rd 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1930 to Jan 20 1934

I last saw him alive on Jan 20 1934 Death is said to have occurred on the date stated above, at 3,30 A.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Hypertension

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Kyle W Zollman M. D.

(Address) 5703 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 208-4 E 97560

E 97560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #1617 Harlem St. 16-01 Ward)

Length of residence in city or town where death occurred 36 yrs. 5 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Carter Brown

(a) Residence: No. 1617 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Brown

6. DATE OF BIRTH (month, day, year) Aug 3-1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Isaac Carter Brown

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Annie Watts

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Blanche Carter Brown (Address) 1617 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 22 1934

19. UNDERTAKER Samuel McClure Sons (Address) 635 N. Gilmor St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933 to Jan 19 1934 19....

I last saw her alive on June 18, 1933 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	Sept 1933

Other contributary causes of importance:

Chronic Bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A K Somolinos M. D.

(Address) 112 W. Saratoga St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

97561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 97561

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 S Duncan St. 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Florence Ennels

(a) Residence: No. 27 S Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Ennels

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38 38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richland Va

FATHER

13. NAME Clement Winston

14. BIRTHPLACE (city or town) (State or country) Richland Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Fisher

(Address) 13 S Duncan

18. BURIAL, CREMATION, OR REMOVAL

Place Oakerly Am Date Jan 22 19 34

19. UNDERTAKER Wendell & Dippel

(Address) 22 E Eutaw St

20. FILED JAN 22 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 19 34

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 8:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. S. Stevens MD Coroner . M. D.

(Address) 1305 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 97562 ✓ E 97592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Forest Court Apts St. 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Milton Dustteller
(a) Residence: No. Forest Court Apts St. Glenelg Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances E. Dustteller

6. DATE OF BIRTH (month, day, year) April 20 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen'l Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Tag Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dayton (State or country) Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Dayton (State or country) Iowa

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Frances E. Dustteller
(Address) Forest Court Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Jan 21 1934

19. UNDERTAKER J. Thomas Fox
(Address) 1201 Pennsylvania Ave

20. FILED JAN 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28th, 1933 to Jan 16, 1934
I last saw him alive on Jan 16th, 1934. Death is said to have occurred on the date stated above, at 9.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Enlarged Prostate	4 yrs
Arteriosclerosis	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Isaac C. Dickson M. D.
(Address) 2055 N. Youth ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

C 2 3

M. D. B. 1268-9

E 97563

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97563

121

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. + mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Serio

(a) Residence: No. 3503 Rosedale Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irene Serio

6. DATE OF BIRTH (month, day, year) Feb 2 nd 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fruit trader 0+5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

10. Date deceased last worked at this occupation (month, day, year) 1924

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John Serio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Samartano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Charles Serio Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 24 1934

19. UNDERTAKER J. J. Tickner & Sons
(Address) North & Pa Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 21 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 12 - 2 1933 to 1 - 21 1934

I last saw h. alive on 1 - 21 - 1934 Death is said to have occurred on the date stated above, at 10 4/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Acute Appendicitis~~ Ruptured Appendix & Peritonitis	

Other contributory causes of importance:

1. Bronchopneumonia
2. Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.

(Address) Md. Gen. Hospital

V. S. 3

THE CAUSE OF DEATH is plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 97564 ✓ E 97564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 1900 Ward)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roland Fritschmar KRETZSCHMAR

(a) Residence: No. 2406 Laurella St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 30, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Oscar Fritschmar

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Clark

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Oscar Fritschmar
(Address) 2406 Laurella

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Jan 22 1934

19. UNDERTAKER Wm J Fickes & Sons
(Address) Balto

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1934 to Jan 19 1934

I last saw her alive on Jan 19 1934. Death is said to have occurred on the date stated above, at 5:40 m.

The principal cause of death and related causes of importance were as follows:

Septic Pneumonia — 3 days
Lobar Pneumonia — 6 days
(Terminal)

Other contributory causes of importance:

Name of operation Tracheotomy Date of Jan 17 1934

What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Harry Fischmann M. D.
(Address) 1 Sydenham Hospital

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268

E 97565

E 97565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2830 Riggs Ave St. 16-01 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William W. Leyhe,

(a) Residence: No. 2830 Riggs Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen R. Leyhe,

6. DATE OF BIRTH (month, day, year) November 27. 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Christian Leyhe,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Caroline V. Franks,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Helen R. Leyhe

(Address) 2830 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date JAN 23 1934 19

19. UNDERTAKER Geo. W. Little

(Address) ~~2700 Edmondson Ave.~~ Huntingtown Calvert Co. Md.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 20 1934 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 19 34 to Jan 19 19 34

I last saw him alive on Jan 19 19 34 Death is said to have occurred on the date stated above, at 10.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation —	Sudden
Other contributory causes of importance: Chronic Arthritis Deformans	10 Yrs. ago

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph H. Zierler M. D.

(Address) 204-8 Medical Arts

MAIL CAUSE OF DEATH in plain terms, so that it may be properly classified. Also STATE OF OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. P. 1268-a E 97566

E 97566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93003 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 W. Franklin St. 20-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida L. Evans,

(a) Residence: No. 1904 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Cecil Evans,

6. DATE OF BIRTH (month, day, year) November 25. 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Jarrett B. Standiford,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Melvin,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Ellen Evans Bunkins
(Address) 1904 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date JAN 23 1934 19

19. UNDERTAKER Geo W Tittle
(Address) 2700 Edmondson Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 21 1934 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933 to Jan 21 1934

I last saw her alive on Jan 20 1934 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Some yrs
Chronic	

Other contributory causes of importance:

Cardiac decompensation	Jan 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Geo M Gittle M. D.

(Address) 1435 Maryland Ave.

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97567

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Women's Hospital St., 14 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harriet Payne Fort

(a) Residence: No. 6 Baltimore Ave. Catonsville Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 2, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Dr. Wetherbe Fort

14. BIRTHPLACE (city or town) (State or country) Ellicott City Md

MOTHER

15. MAIDEN NAME Katherine J. Helfrich

16. BIRTHPLACE (city or town) (State or country) Enola Md

17. INFORMANT Dr. Wetherbe Fort
(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Jany 22 19 37

19. UNDERTAKER John A. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937 to Jan 20, 1937

I last saw h[illegible] alive on Jan 20, 1937 Death is said to have occurred on the date stated above, at 10.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	Jan 14, 37
Streptococcus Peritonitis	Jan 16, 37
Other contributory causes of importance:	
Broncho Pneumonia	Jan 19, 37

Name of operation Appendectomy Date of Jan 15, 37

What test confirmed diagnosis Bacteriological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Allen Decker M. D.

(Address) Women's Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible] E 97568 ✓ E 97568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Franklin Square Hosp

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 18-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mettie Harbitt (Harbitt)

(a) Residence: No. 1020 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maurice B. Harbitt

6. DATE OF BIRTH (month, day, year) Oct. 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Daniel Stocksleger

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Susan Barry

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Charles Campbell

(Address) 200 N. Kedzie ave

18. BURIAL, CREMATION, OR REMOVAL

Place Athens Tenn Date Jany 23 1934

19. UNDERTAKER John O. Mitchell Athens

(Address) 1900 Eutaw Place

20. FILED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-19-1934 to 1-20-1934

I last saw her alive on 1-20-1934 Death is said to have occurred on the date stated above, 8.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel Rubin M. D.

(Address) Franklin Square Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 37569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 37569

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Druid Hill ave St., 17-01 Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha L. Leale

(a) Residence: No. 1016 Druid Hill ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widow

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of George Leale

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	✓		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto city

FATHER

13. NAME Thomas Green

14. BIRTHPLACE (city or town) (State or country) Chas. Co Md

MOTHER

15. MAIDEN NAME Fannie Dorsey

16. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

17. INFORMANT Annie May Gaddis

(Address) 1016 Druid Hill ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cem. Date Jan 22 . 1934

19. UNDERTAKER Undertaker Gaddis

(Address) 916 N. Eutaw St.

20. FILED JAN 22 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 . 1934

22. I HEREBY CERTIFY, That I attended deceased from August 6 . 1933 to Jan 17 . 1934

I last saw h.... alive on Jan 17 1934 Death is said to have occurred on the date stated above, at 11.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Mitral Insufficiency	Infant
Other contributory causes of importance: Cardiac Dropsy	6 mos

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... . 19 ...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Edward Fisher M. D.

(Address) 1612 E. Monument St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y 9 3

M. B. B. 1266-9 E 97570 ✓ E 97570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 S. Clinton St. 26-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CHARLES M. BEHRENS

(a) Residence: No. 141 S. Clinton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary S. Behrens

6. DATE OF BIRTH (month, day, year) Jan.2.1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Herman Behrens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Zemmeler.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary S. Behrens (Wife)

(Address) 141 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cemetery Date Jan.22.1934

Place

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sander.

(Address) Baltimore & Broadway.

20. FILED Jan. 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan.19.1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h[illegible] alive on [illegible] 19 Death is said to have occurred on the date stated above, at 8.15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 1305 N. Calhoun St.

M. D. B. 12697 E 97571 ✓ E 97571

HEALTH DEPARTMENT—CITY OF BALTIMORE

52

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 S. Luzerne Ave. St., 1-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JAMES THOMAS BOYER

(a) Residence: No. 525 S. Luzerne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — — —
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James T. Boyer

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret Bennett

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Lillian Porsinger (Sister)
(Address) 524 S. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cemetery Date Jan. 24, 1934

19. UNDERTAKER Henry F. Sander
HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933 to Jan 20, 1934

I last saw him alive on Jan 19, 1934. Death is said to have occurred on the date stated above, at 11.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibro Sarcoma	about 2 yrs

Other contributory causes of importance:

Excision of Groin

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19.....

Where did Injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo. Heller M. D.

(Address) 1937 Eager St

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. 32-69 E 97572

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97572

CERTIFICATE OF DEATH

115-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine M. Stafford

(a) Residence: No. 1729 Lamont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/29/1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	—	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Stafford

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Simmons

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James Stafford (Address) 1729 Lamont Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 1/23/34

19. UNDERTAKER Grant & Tuttle Inc (Address) 1735 Eutaw Pl

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1934 to January 20, 1934

I last saw her alive on January 20, 1934 Death is said to have occurred on the date stated above, at 11.25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Status meningitis - left	about 1-1-34
2) Meningitis - hemolytic streptococcus	1-15-34

Other contributory causes of importance:

1. Acute tonsilitis
2. Acute pharyngitis

Name of operation None Date of

What test of pathological diagnosis was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

S 6 3 OCCUPATION is very important. See instructions on back of certificate.

CANCELED

M. D. B. 1268-A E 97573 ✓ E 97573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 1224 Hollins St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A. Courtney

(a) Residence: No. 1222 1224 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna N. Courtney

6. DATE OF BIRTH (month, day, year) June. 26. 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 90

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pratt Library. 8 01

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME William Courtney.

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Georgia Harron

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Mrs. Edna N. Courtney

(Address) 1224 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 1. 23. 34 19

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1. 21. 34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/5/ . 1934 to 1/21/34 . 19

I last saw him alive on 1/20/34 . 19 . Death is said to have occurred on the date stated above, at 2. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate & Metastasis to Bones, Spine, and Lungs	?

Other contributory causes of importance:

Name of operation City Hospital Date of 1932

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bernard J. Long . M. D.

(Address) 910 W. Lombard

V. S. 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 97574

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97574

93-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-01 (Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Joel London

(a) Residence: No. 4610 old Pimlico Road (1100 old no.) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Racheal London

6. DATE OF BIRTH (month, day, year)	Years	Months	Days	If LESS than 1 day, hrs. or min.
7. AGE	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rag Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel London

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah ?????

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Rachel London 4610 Old Pimlico Road

18. BURIAL, CREMATION, OR REMOVAL Date 1/22/34

Place Hebrew Rodale Jack Levey Funeral St.

19. UNDERTAKER (Address) 1439 E. Baltimore St.

20. FILED 1/23/1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 21/34

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Coronary Thrombosis	1/21/34
Other contributory causes of importance: Gen'l Arteriosclerosis Myocardial Insufficiency	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John W. Ager M. D.

(Address) 500 E. Monument Coroner

M. D. B. 1268-9

28102 E 97575 ✓ E 97575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ronald Chambers

(a) Residence: No. 1535 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/1/32.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	14 2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation. ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jas. Chambers

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Carrie Torey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Jan 22 1934

19. UNDERTAKER Robt F Williams
(Address) 15 15 Mc Elderry st

20. FILED JAN 22 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1934 to Jan 19, 1934

I last saw him alive on Jan 19, 1934. Death is said to have occurred on the date stated above, at ... p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Encephalitis (pertussis)	1-14-34
2 Bronchopneumonia	1-14-34
3 Pertussis	1-13-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Marcus S Hubbard M. D.

(Address) Johns Hopkins Hospital

V E 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

E 97576

Dr Heller

E ~~8576~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 S Collington St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sencia; Ceancy: Sieng C. Hoyt

(a) Residence: No. 519 S Collington St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Hoyt

6. DATE OF BIRTH (month, day, year) August 1 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Hoyt (Son)

(Address) 728 S Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Comt Date Jan 24 1934

19. UNDERTAKER Gilly & Zollerman

(Address) 403 S Bond St.

20. FILED Jan 24 1934 [illegible] Registrar.

JAN 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1934

22. I HEREBY CERTIFY, That I attended deceased from 1920 to Jan 21 1934

I last saw h[illegible] alive on Jan 21 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 day
Other contributory causes of importance:	
Arterio Sclerosis	about
& paralysis	1920

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Heller M. D.

(Address) 1927 Eutaw Pl

V S 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97577

E 97577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 N Castle St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? 44 yrs. mos. ds.

2. FULL NAME Charles Velenovsky

(a) Residence: No. 812 N Caestle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Velenovsky

6. DATE OF BIRTH (month, day, year): Aug 6/55

7. AGE — Years: 78 | Months: 5 | Days: 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Streets

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Thomas Velenovsky

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Josephine Kacha

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Joseph Velenovsky
(Address) 3962 Milford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1-24 19 34

19. UNDERTAKER: Frank Orackson
(Address) 1906 Orleans Ave

20. FILED JAN 22 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1933 to January 20 1934

I last saw him alive on Jan 20 1934. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Trouble	Oct 1933

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J Reaver M. D.
(Address) 801 N Pikesville Ave

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-B E 97578

E 97578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 E. Hamilton St. 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Mitchell

(a) Residence: No. 2607 E. Hamilton Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Tilghman C. Mitchell

6. DATE OF BIRTH (month, day, year) May 5 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John R. Mitchell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Seipp

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary E. Mitchell

(Address) 2607 E. Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL Bergen Cemetery Date May 27 1934

19. UNDERTAKER Leonard R. Smith

(Address) 5305 Harford Rd

20. FILED JAN 22 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1934

22. I HEREBY CERTIFY, That I attended deceased from May 24 1933 to Jan 19 1934

I last saw h... alive on Jan 19 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	
Toxaemia	

Other contributory causes of importance:

Carcinoma of lung with abscess

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas Simmons M. D.

1/20/34 (Address) 4702 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-B

E 97579

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97579

CERTIFICATE OF DEATH

Registered No. 85

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 S. Monroe St. St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel L. Lane.

(a) Residence: No. 632 S. Monroe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 19, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John E. Lane.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Laura Collins.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Harry C. Lane. (brother)
(Address) 632 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 23 19 34

19. UNDERTAKER Young & Farley
(Address) 1501 W. Fayette St

20. FILED JAN 22 1934 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis Enquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.
(Address) 1017 E. Charles St.

11/22/34

E 97580

M. D. B. 1268-9

E 97580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Riggs Ave 6th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna M. Wheeler

(a) Residence: No. 1817 Riggs Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If ~~married, widowed or~~ divorced (or) WIFE of Carlton L. E. Wheeler

6. DATE OF BIRTH (month, day, year) June 8th 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Leesburg Va

FATHER

13. NAME Jos E. Abbott

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mary E. Newton

16. BIRTHPLACE (city or town) (State or country) Leesburg Va

17. INFORMANT Mrs Maude Youmans

(Address) Washington D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 22nd 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1933 to Jan 20 1934

I last saw her alive on Jan 20 1934 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1 yr.
Intestinal Intoxication	4 mo.

Other contributory causes of importance:

Decubitus Anaemia	4 mo.
Cardiac Asthenia	3 wks.

Resection of Rectum 2/7/33

Name of operation Colostomy 8/24/33 Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. W. Toomey M. D.

(Address) 806 Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible]

E 97581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97581

Registered No. 75

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 223 S Spring St. 3-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Linder

(a) Residence: No. 223 S Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Laborer
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

FATHER
13. NAME Jacob Linder
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Mary L Young
16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Herman Linder
(Address) 29 S Wolfe St

18. BURIAL, CREMATION, OR REMOVAL Date 1/27/34.
Place Cambridge Md.

19. UNDERTAKER Lewis H Baynum
(Address) Cambridge Md

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... Death is said

I last saw h— alive on ..... 19.... at 4.30 Pm

to have occurred on the date stated above, at ..... m

The **principal cause of death** and related causes of importance were as follows:

Acute Alcoholism

Date of onset

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J U Stevens M D Coroner

(Address) 305 S Talbot Co Md

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6 E 97582

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97582

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Bromley Marshall

(a) Residence: No. 2205 N. Edgevy St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Marshall

6. DATE OF BIRTH (month, day, year) Nov. 27, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles F. Marshall

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sadie Bromley

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 1-24 1934

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

20. FILED JAN 22 1934 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13. 1934. to Jan. 21 1934

I last saw h[illegible] alive on Jan. 21 1934. Death is said to have occurred on the date stated above, at 7:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteogenic Sarcoma, Left Femur	11 mo
Metastases & Sepsis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. P. Magill M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

M. D. B. 1268-0

E 97583

HEALTH DEPARTMENT—CITY OF BALTIMORE

97583

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Henry Barbour (Henry Barbour or Barber)

(a) Residence: No. 540 St. Mary St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Not Recorded

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Not Recorded

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Recorded

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rachel Barber
(Address) 540 St Mary St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1-22-1934

19. UNDERTAKER Geo. T. Eaton
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-6-34 . 19 ... to 1-18-34 . 19 ...

I last saw him alive on 1-18-34 . 19 . Death is said to have occurred on the date stated above, at 8 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) William Neil Ross, M. D.

(Address) Provident Hospital

V. S. C. 2 1934

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 97584

97584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1269 Washington Blvd. St., 21-01 Ward)

Length of residence in city or town where death occurred 27 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth 27 yrs. ~~mos.~~ ~~ds.~~

2. FULL NAME Anna Frederick.

(a) Residence: No. 1269 Washington Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If ~~MARRIED, widowed, or DIVORCED~~
(or) WIFE of Joseph Frederick.

6. DATE OF BIRTH (month, day, year) October 20, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria.

FATHER

13. NAME John Heinz.

14. BIRTHPLACE (city or town) (State or country) Austria.

MOTHER

15. MAIDEN NAME Eva Reuman.

16. BIRTHPLACE (city or town) (State or country) Austria.

17. INFORMANT Anton Frederick. (son)
(Address) 1269 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral, Date 1/23/ 1934

19. UNDERTAKER John J. Cowan & Son
(Address) 901 W. Fillmore St.

Eugene Williams M.D.

26. FILED ..... 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of the heart.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M Reinhardt, M. D.
Coroner

1/22/34 Address 1017 E. Charles St.

M. D. B 1268-9

E 97585

97585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 162

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Hebrew Home for the Aged St. 47-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Sopa Friedman

(a) Residence: No. Belvedere Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Wid.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	103			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Friedman
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Placed Mt Lazarus Date 1/24/34 19..

19. UNDERTAKER Jack Pearlman Inc
(Address) 933 E Baltimore St

20. FILED 1-27-1934 Thurlington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-34 19

22. I HEREBY CERTIFY, That I attended deceased from 1-20 1934 to 1-22 1934

I last saw h[illegible] alive on 1-22 1934 Death is said to have occurred on the date stated above, at 9.15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities of age.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edmund Levin M. D.

(Address) Levindale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97586

97586

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., ... Ward.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Johnson

(a) Residence: No. 1019 W. Dunbar St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Howard Johnson

6. DATE OF BIRTH (month, day, year): 8/10/?

7. AGE — Years: 62 (?) | Months: 5 | Days: 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Charlestown W. Va.

FATHER

13. NAME: Solomon Colston

14. BIRTHPLACE (city or town) (State or country): Charlestown W. Va.

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Balto. City Hospt. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 22 1934

19. UNDERTAKER: Mrs R. A. Fellows

(Address) 1129 E. Baltimore

19 ... Registrar.

FEB 2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-19 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-28 1933 to 1-19 1933

I last saw her alive on 1-18 1933 Death is said to have occurred on the date stated above, at 4 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left femur.	7-14-32

Other contributory causes of importance:

Decubitus ulcer (?)	
Hemiplegia, left (?)	

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No request necessary 1/22/34

Manner of injury Fell striking head.

Nature of injury Fracture of skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. R. Bonner M. D.

(Address) Balto. City Hospt.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

280688 3758288 34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 17-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Claude Smith

(a) Residence: No. 513 N Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-1-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	44	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 140

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Jack Smith

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Sally Abernathy

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pittsburg, Kansas Date Jan. 22, 1934

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 E. Schroeder St.

20. FILED 1-22-1934 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1934, to Jan 18, 1934, last saw him alive on Jan 18, 1934. Death is said to have occurred on the date stated above, at 10 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a. Toxemia of Pregnancy	Dec 5
Lobular Pneumonia	Jan. 15
Obstruction Jaundice	

Other contributory causes of importance:

Syphilis
Syphilitic aortitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Clarence Hart Leighton M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

E 97588

M. D. H. 1268-9

97588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 W. Pratt St St., 19-01 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura M. Ritter

(a) Residence: No. 1412 W. Pratt St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elbert F. Clark

6. DATE OF BIRTH (month, day, year) Dec 27 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-9

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles E. Clark

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary O. Clark

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Mr. Elbert F. Clark 1412 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Jan. 22 1934

19. UNDERTAKER (Address) J. Fow McCully 130 E. Fort Ave

Filed Jan 22 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1934 to Jan 18 1934

I last saw h[illegible] alive on Jan 18 1934 Death is said to have occurred on the date stated above, at 11 P.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-17-34

Other contributory causes of importance:

Epilepsia Otitis

Name of operation No Date of x

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury x 19

Where did injury occur? x (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place x x x x

Manner of injury x x

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Leo Brautigam M. D.

(Address) 1340 S Charles

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 3

12 21934

M. D. B. 1268-9

E 97589

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97589

V 23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 W 33rd St. St., 13th Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William U. McClure

(a) Residence: No. 831 W 33rd St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie E. McClure

6. DATE OF BIRTH (month, day, year) June 18, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John McClure

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Minerva Price

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Edna Fair

(Address) 831 W 33rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan. 24, 1934

19. UNDERTAKER Chenowith & Son.

(Address) 3615-17 Eastern Ave.

Washington Hollander, D.C.

Jan 19 1934

Registrar.

2 21934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933 to Jan 21, 1934

I last saw h... alive on Jan 21, 1934. Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1 wk

Other contributory causes of importance: Pneumonia & Empyema

C B	10 ds
	1 d

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) ... M. D.

(Address) ...

E 97589 — 53 — OCCUPATION is very important. See instructions on back of certificate. — THE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. B. 1968-9

E 97590

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97590

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2924 N. Calvert St. St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry C. Spetzler

(a) Residence: No. 2924 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian E. Spetzler

6. DATE OF BIRTH (month, day, year) Nov. 30th. 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 625

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ferdinand C. Spetzler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Ernstberger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lillian E. Spetzler
(Address) 2924 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Jan. 23rd. 1934

19. UNDERTAKER Chas. B. Ewald & Son
(Address) 118 W. Mulberry St.

Huntington Phillips M.D.
Registrar.

2 21934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933 to Jan 20, 1934

I last saw h alive on Jan 20, 1934 Death is said to have occurred on the date stated above, at about P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1st Jan 20

Other contributory causes of importance:

Uremia Sclerosis
Myocarditis
Gallstones (Chronic)

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John O'Reilly M. D.

(Address) 701 Cathedral St. Baltimore Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

E 97591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97591

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Stuart

(a) Residence: No. 29 S. Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40 90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date Jan 22, 19 34

19. UNDERTAKER
(Address)

20. FILED ..... 19 .....

JAN 22 1934

0058

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. F. Young M.D. Coroner

(Address) 201 N. Patterson Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 97592

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97592

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 S. Eutaw St. 22-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Goldwire

(a) Residence: No. 219 S. Eutaw St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal of Md Date Jan 22, 19 34

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ... Registrar.

0057

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ..., to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Eugene Zeller M. D.
Coroner

(Address) 2739 Eastern Ave

M. D. B. 1268-9

97593 ✓ M E 97593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam E. Klehm

(a) Residence: No. 2138 E North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary A

6. DATE OF BIRTH (month, day, year) Oct. 7, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	3	11 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Germ.

FATHER

13. NAME Adam Klehm Sr.

14. BIRTHPLACE (city or town) (State or country) Berlin

MOTHER

15. MAIDEN NAME Caroline Felder

16. BIRTHPLACE (city or town) (State or country) Berlin

17. INFORMANT Marie Klehm
(Address) 2138 E North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Jan 24 1934

19. UNDERTAKER John Eckhardt
(Address) 1128 Orleans St

20. FILED ..... 19.. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw him alive on ..... 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures — Date of onset

Pelvis, Cranium

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/1 1934
Where did injury occur? Washington Blvd. & Light St. Balto. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while walking across road
Nature of injury Multiple Fractures

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Young Coroner, M. D.
(Address) 1102 E. Madison

M. D. B. 1268-9

Charles E. Baer ✓ E 97594

97594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 St., 7-06 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles E Baer

(a) Residence: No. 3008 Mallory St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Baer

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Petroleum Products

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Louis Baer

14. BIRTHPLACE (city or town) Balto
(State or country)

MOTHER

15. MAIDEN NAME Mary Gundersdorf

16. BIRTHPLACE (city or town) Balto
(State or country)

17. INFORMANT Dorothy Baer
(Address) 3008 Mallory St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Jan 23 1934

19. UNDERTAKER John Wm Slade & Son
(Address) 2608 Orleans St

20. FILED ..... 1934 ..... Registrar.

21934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19 1934

22. I HEREBY CERTIFY, That I attended deceased from September 1933 to January 19 1934
I last saw him alive on January 15 1934 Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia, myocarditis	1/10/34
Other contributory causes of importance:	
Chronic myocarditis	6 mos
Arterio Sclerosis	1 year

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. S. Schwartz, M. D.

(Address) 2939 Druid Park Drive

M. D. B. 1263-9

E 97595

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97595

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 418 N. Streeper St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacot D Merriken

(a) Residence: No. 418 N Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Merriken

6. DATE OF BIRTH (month, day, year) Jan 17. 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stoker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tug boat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jacot Merriken

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Theresa Gebrick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Merriken

(Address) 418 N Streeper

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 24 1934

19. UNDERTAKER John Merlick & Son

(Address) 200 S Eutaw St Huntington Pittsburgh, Pa.

20. FILED 1934 Registrar.

N 2 21034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20. 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933 to Jan 20 1934

I last saw him alive on Jan. 19 1934 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute myocardial insufficiency	1/20 34
Other contributory causes of importance: chronic interstitial nephritis	1934
hypertension	
chronic myocarditis	

Name of operation Date of

What test confirmed diagnosis? suspected Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. C. Sorbel M. D.

(Address) 467 N. Kenwood Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

E 97596

M. D. F. 1368-9

97596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-01 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Habbinger

(a) Residence: No. 507 W Mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Habbinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Ruppel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Univ of Md Date Jan 22, 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] Registrar.

JAN 22 1934

0060

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1933 to Jan 20, 1934

I last saw him alive on Jan 20, 1934 Death is said to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accident	2 days
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Nagel, M. D.

(Address) Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 97597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hospitals 5-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Ballard

(a) Residence: No. 1222 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie Ballard

6. DATE OF BIRTH (month, day, year) July 26, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Levering Ballard

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Lucy Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Friends
(Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Cemetery of Md Date Jan 22 19 37

19. UNDERTAKER [illegible]
(Address)

20. FILED JAN 22 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937 to Jan 16, 1937

That saw h[illegible] alive on Jan 16, 1937 Death is said to have occurred on the date stated above, at 4:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency & Congestive failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. P. Magill M. D.

(Address) Balt City Hos

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0059

M. D. B 1268-0

97598 ✓ E 97598

HEALTH DEPARTMENT—CITY OF BALTIMORE

97598

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1641 Jackson St. St. 24-01 (Ward)

Length of residence in city or town where death occurred 46 yrs. --- mos. --- ds. How long in U. S. If of foreign birth 46 yrs. --- mos. --- ds.

2. FULL NAME Frederick Borkmann.

(a) Residence: No. 1641 Jackson St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Bertha Borkmann.

6. DATE OF BIRTH (month, day, year) July 27, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	5	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Frederick Borkmann.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna ---------

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary Sonneider. (daughter.

(Address) 1641 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cemetry Date January 23 1934

19. UNDERTAKER August Pasek

(Address) 2406 Ashland Ave

221934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1934 . 19

22. I HEREBY CERTIFY. That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .. Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aterio Sclerosis.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto M. Reinhardt Coroner. M. D.

1/20/34 (Address) 1017 E. Charles St.

AACo. 5-31 250B

E 97599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002 E 97599

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 E. 20th St. 12-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Georgiana Carter

(a) Residence: No. 22 E 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harvey Carter

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

FATHER

13. NAME William Evans

14. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

MOTHER

15. MAIDEN NAME Julia Carter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Harvey Carter husband
(Address) 22 E 20th St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cemetery Date 1/23, 1934

19. UNDERTAKER Mrs Chas G Bailey
(Address) 122 Jefferson St

FILED ..... 19... ..... Registrar.

JAN 21 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day, year) January 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 14th, 1934 to Jan 20, 1934

I last saw her alive on Jan 14th, 1934 death is said to have occurred on the date stated above, at 230 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyometra	Sept 1933

Other contributory causes of importance:

Name of operation None Date of ...

Was autopsy? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos Jos Jorge M. D.
(Address) 461 E 25th St

A&Co. 5-31 2500

E 97600 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 97600

82-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 15-01 Ward)

Length of residence in city or town where death occurred Life mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thos. B Hebbetts

(a) Residence: No. 2103 Hilton St St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate M J Hebbetts

6. DATE OF BIRTH (month, day, year) 4/21/1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Plumber 3 months

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown 39

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Md

MOTHER FATHER

13. NAME Patrick

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Conway

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Hebbetts
(Address) 2103 Hilton Street

18. BURIAL, CREMATION, OR REMOVAL. Place New cathedral Date 1/24 1934

19. UNDERTAKER Edward O Brannigan
(Address) 1136 Baltimore Boulevard

JAN 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1933 to Jan 21 1934

I last saw him alive on Jan 21 1934 death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Arterio Sclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, when?

(Signed) H W Lemmon M. D.

(Address) 601-8 Cathedral St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97601

HEALTH DEPARTMENT—CITY OF BALTIMORE

97601

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 21-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. O'Loughlin

(a) Residence: No. 1025 Bruce St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine O'Loughlin

6. DATE OF BIRTH (month, day, year) March 7, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Marble Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 076

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James O'Loughlin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Friends
(Address) Bald City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19..

19. UNDERTAKER F. Herman Kellner
(Address) 1231 Eutaw Pl.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1934 to Jan 19, 1934

I last saw him alive on Jan 19, 1934. Death is said to have occurred on the date stated above, at 11.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception, jejunal	?
Central hemorrhage, left	6 wks
Bronchopneumonia	Terminal

Other contributory causes of importance:

Gangrene, arteriosclerotic, of foot	2 wks

Name of operation ..... Date of ..... No.

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. P. Magel, M. D.

(Address) Bald. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

3

27034

M. D. B. 1268-9

✓ E 97602

E 97602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 John St., 14-01 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. ~~Meath~~ McCarthy

(a) Residence: No. 1521 John St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dont Know

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Dennis McCarthy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nora Walsh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary Parkes

(Address) 1521 John St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Jan. 93 19 34

19. UNDERTAKER Margaret L. Flynn

(Address) 422 Light

20. FILED Huntington Williams, Registrar.

JAN 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 15 1933 to January 20 1934

I last saw h... alive on January 20 1934 Death is said to have occurred on the date stated above at 8:10 p.m.

The ~~primary~~ cause of death and related causes of importance were as follows:

	Date of onset
Pyelo Nephritis	
Cerebral Hemorrhage	Jan. 1934
Uremia	

Other contributory causes of importance:

Carcinoma of Breast

Amputation

Name of operation ..... Date of Jan. 1934

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Walter A. Meyer M. D.

(Address) 1031 N. Caroline St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97603

97603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

111-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 Carswell St. St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary F. Manfre

(a) Residence: No. 1639 Carswell St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Dominico Manfre

6. DATE OF BIRTH (month, day, year) 1849.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84 85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Melime

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Mr. Anthony Manfre, 4612 Hampnett Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 23, 19 34

19. UNDERTAKER Frank D. Wittstadt
(Address) 4101 Edmondson Ave.

20. Filed JAN 24 1934 Hunter Williams, M.D. Registrar.

22 1534

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20/34. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/14/34. 19 to 1/20/34. 19

I last saw her alive on 1/19/34. 19 Death is said to have occurred on the date stated above, at 12.20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Hypostatic	6
Other contributory causes of importance:	
Exhaustion	1

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Alf. A. Gagl M. D.

(Address) 7024 B'dway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

97604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97604

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 24-01 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Gelesian

(a) Residence: No. 1411 E. Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 13 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

13. NAME Lucy Gelesian

FATHER

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mark Pommery

(Address) 1401 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Co Date June 23, 1934

19. UNDERTAKER Chas. E. Stevens & Son

(Address) 1501 E. Fort Ave.

Registrar.

JUN 23 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... Death is said I last saw h..... alive on ....., 19.... to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset .....

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Sherman Wood M. D.
Coroner

(Address) 1451 Eastern Ave

M. D. B. 1268-9

E 97605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97605 2/1/34 T-Surg X 53

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-01 St., 7 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Kurtz

(a) Residence: No. 720 Pine St., Ward Philadelphia Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 30-1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	- 5	- 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Max Kurtz

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Lillian Lowenthal

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Philadelphia Date 1/22 1934

19. UNDERTAKER S. Levinson Bro.
(Address) 1127 E Balto St

[illegible] Registrar.

2-2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22- 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-19- 1934 to 1-22- 1934

I last saw her alive on 1-22- 1934 Death is said to have occurred on the date stated above, at m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	1933

Other contributory causes of importance:

Rheumatic Heart Disease	2 yrs.

Name of operation Left Craniotomy Date of 1-20-34

What test confirmed diagnosis Biopsy Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul A. Kimball M. D.

(Address) The Johns Hopkins Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be certificate. OCCUPATION is very important. See instructions on back of

M. D. B 1268-9

E 97606

97606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N. Chester St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Margaret M. Curran

(a) Residence: No. 907 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Edward P. Curran

6. DATE OF BIRTH (month, day, year) Mar 25/1870

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	63	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Joseph P. McLaughlin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Abagail Higgins

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Curran
(Address) 907 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross - Harford Rd Date 1/23 1934

19. UNDERTAKER C. J. Fanning & Son
(Address) 1300 E. Lafayette Ave

20. Filed 2 2 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 20/1934

22. I HEREBY CERTIFY, That I attended deceased from ..19.., to ..19..

I last saw h.. alive on ..19.. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Owen M. D.
Coroner

(Address) 1066 N. Monk St.

M. D. B. 1268-9

E 97607

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97607

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 Holliday St. 19-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ida L. Savage

(a) Residence: No. 141 Holliday St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or (Divorced) (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. Anna M. Manager

6. DATE OF BIRTH (month, day, year) Oct 24 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gt. Distiller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Whiskey Distillery

10. Date deceased last worked at this occupation (month and year) 1919 before

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Lawrence Ezekiel Savage

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Pat Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mr. Anna M. Manager
(Address) 141 Holliday St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 1/23/34 19

19. UNDERTAKER John F. Carey Co Inc
(Address) 227 E. Fayette St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24 1933 to Jany 20 1934

I last saw him alive on Jany 19 1934 Death is said to have occurred on the date stated above, at 4:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Dec 24 '33
Pneumonia	

Other contributory causes of importance:
Failing heart, unable to take nourishment, Malnutrition

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. Canuti M. D.

(Address) 1626 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9 E 97608

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97608

280672

CERTIFICATE OF DEATH

+ 107-001

Registered No.

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L Andrew

(a) Residence: No. 657 West drive St., Ward. Memphis Tenn

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-8-1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — dob

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Charles Andrews

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Eliz Fulton

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Memphis Tenn Date Jan 22 1934

19. UNDERTAKER John C Mc Call & Sons

(Address) 1900 Eutaw Place

20. FILED JAN 23 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1934 to Jan 22 1934

I last saw him alive on Jan 22 1934 Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	
Other contributory causes of importance: Pneumonia	dob

Name of operation Left Craniotomy Date of Jan 9 34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Funke M. D.

(Address) Johns Hopkins Hospital

VS 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 97609 E 97609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 22-01 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Insley

(a) Residence: No. 612 W Lee St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lulu Insley

6. DATE OF BIRTH (month, day, year) March 31, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buckingham Co Va

FATHER

13. NAME Benjamin Insley

14. BIRTHPLACE (city or town) (State or country) Buckingham Co Va

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Buckingham Co Va

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Jan 25 1934

19. UNDERTAKER James A Stamper (Address) 142 W Fayette St

20. FILED Jan 25 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1934 to Jan 21, 1934

I last saw him alive on Jan 21, 1934 Death is said to have occurred on the date stated above, at 8 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5 days

Other contributory causes of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T P Magill M. D.

(Address) Balt City Hosp

V S 3

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97610 E 97610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4608 Kavon St. 26-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Howard G. Bolgiano

(a) Residence: No. 4608 Kavon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella S. Bolgiano

6. DATE OF BIRTH (month, day, year): Jan 6-1868

7. AGE — Years: 65 — Months: 7 — Days: 15 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto City

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: John Bolgiano

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Sarah Buchmueller

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mrs. Bolgiano 4608 Kavon.

18. BURIAL, CREMATION, OR REMOVAL Place: Mayland Park Date: Jan. 23

19. UNDERTAKER (Address): J. Fenwick Mc Cauley 130 E. Fort.

20. FILED: JAN 23 1934 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-21 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1934 to 1-26 1934

I last saw h alive on 1/26 1934 Death is said to have occurred on the date stated above, at 12 15 m/9 m.

The principal cause of death and related causes of importance were as follows:

Uremia Acute Nephritis, Chronic Cystitis — Date of onset 1-14-34

Other contributory causes of importance:

Acute Cardiac Dilatation 1-19

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? 20

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 800 N. Eutaw

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

E 97611

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97611

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 19-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 6 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward L. Quinn

(a) Residence: No. #213 So Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Cora M. Quinn

6. DATE OF BIRTH (month, day, year) June 22nd 1893

7. AGE Years	Months	Days 29 30	If LESS than 1 day, hrs. or min.
41	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 08

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John C Quinn

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lena Foose

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs Cora M. Quinn

(Address) 102 Warren Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 1/24/ 1934

19. UNDERTAKER John F Cowan & Son

(Address) 901 Baltimore St.

FILED JAN 23 1934

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21/ 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h— alive on ..... 19.... Death is said to have occurred on the date stated above, at 8 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, how? .....

(Signed) H H Berry M D Coroner, M. D.

(Address) 605 N Patterson Park Ave

AaCo. 5-31 2M

E 97612

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97612

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH 419 N. Durham

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 6-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lura Smith

(a) Residence: No. 419 N. Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colord	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Widow

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Va

FATHER

13. NAME Harry Jones

14. BIRTHPLACE (city or town) (State or country) — Va

MOTHER

15. MAIDEN NAME Mary Morris

16. BIRTHPLACE (city or town) (State or country) — Va

17. INFORMANT Moses Morris
(Address) 419 N. Durham st

18. BURIAL, CREMATION, OR REMOVAL
Place asbury cemetery Date Jan 23, 1934

19. UNDERTAKER Edw Bryan
(Address) 169 orleans st

20. FILED JAN 23 1934 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1934 to 1-20, 1934

I last saw her alive on 1-19, 1934 death is said to have occurred on the date stated above, at 11:17 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Nephritis	June 1934
Other contributory causes of importance: Fibromas Uterus	11-6 1933

Name of operation No Date of

What test confirmed diagnosis Pregnant Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo B Allen, M. D.
(Address) 507 Pensacola

M. D. B. 1268-9

97613

HEALTH DEPARTMENT—CITY OF BALTIMORE

97613

CERTIFICATE OF DEATH

V 137

1. PLACE OF DEATH Maryland General Hospital 8-01 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Dietz

(a) Residence: No. 2924 Erdman Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. John Dietz deceased

6. DATE OF BIRTH (month, day, year) Oct 8th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 838

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Andrew Dietz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Gutman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George Ehrst
(Address) 2924 Erdman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Sunday Jan. 28 1934

19. UNDERTAKER Henry Breck Sons, Inc.
(Address) 1301 E. Eager St

20. FILED JAN 31 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-34 19

22. I HEREBY CERTIFY, That I attended deceased from 1-7-34 19 to 1-22 19 34

I last saw him alive on 1-22 19 34 Death is said to have occurred on the date stated above, at 5.70 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	
Other contributory causes of importance:	
1. Uremia	
2. Hypostatic Pneumonia	
3. Myocardial failure	

Name of operation Prostatic Resection Date of 1-20-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

E 97614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97614

164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2031 Orleans St 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willard W. Green

(a) Residence: No. 2031 Orleans St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of Leah Green

6. DATE OF BIRTH (month, day, year) July 9/1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Milton Green

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Sophia Robinson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Leah Green

(Address) 2031 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Glen Cem Date Jan 23, 19 34

19. UNDERTAKER Philip Herring Sons

(Address) 2016 Orleans St

20. FILED JAN 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at P. M.

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poisoning — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Inquir Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Jan 19 34

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home. Gas hose attached to wall bracket under bed clothes

Manner of injury and gas over head.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Sauer, M. D.

(Address) 505 E Front St Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Sweeney.

E 97615

E 97615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Mosher St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Quick (Sweeney).

(a) Residence: No. 1222 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Mc Quick.

6. DATE OF BIRTH (month, day, year) March 20 1876

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	57	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME Mars Mathews

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT David Sweeney

(Address) 1222, Mosher

18. BURIAL, CREMATION, OR REMOVAL

Place Rosemont Cem. Date Jan 23. 1934

19. UNDERTAKER David M. Trader Son

(Address) 632 N. Eutaw

19 [illegible] Registrar.

No. 31934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1934 to Jan. 20 1934

I last saw h alive on Jan. 19 1934, Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/11/1934

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Pickford M. D.

(Address) 1536 W. Lanvale St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3 E 97616

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97616

CERTIFICATE OF DEATH

V 11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 N Chester St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel J. Taylor

(a) Residence: No. 948 N Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Taylor

6. DATE OF BIRTH (month, day, year) Jan. 2, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1916

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Grace Callan

(Address) 943 N Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date Jan 24 1934

19. UNDERTAKER John A. Moran

(Address) 3000 E Balto St.

20. FILED JAN 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20 at 4h 1934

22. I HEREBY CERTIFY, That I attended deceased from January 16 1934 to January 21 1934

I last saw him alive on Jan 20 1934 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3d
Other contributory causes of importance: Influenza	3d

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. Stevens M. D.

1-21-34 (Address) 2878 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-3 E 97617 E 97617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 Yorkland St.) (Ward) 37th

Length of residence in city or town where death occurred? ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Sterling Hodgdon

(a) Residence: No. 15 York land St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Lucien H Hodgdon

6. DATE OF BIRTH (month, day, year): Jan 3 1857

7. AGE: Years 76 | Months 6 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balt. Md.

FATHER

13. NAME: Wm. Sterling

14. BIRTHPLACE (city or town) (State or country): Balt Md

MOTHER

15. MAIDEN NAME: Harriett Almon

16. BIRTHPLACE (city or town) (State or country): Balt Md

17. INFORMANT: Florence Hodgdon

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Jan 23 1934

19. UNDERTAKER: John A. Morgan

(Address): 3000 E Balto St

20. FILED ... 19... ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 21. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 18. 1934 to January 21, 1934

last saw h[illegible] alive on January 21, 1934 Death is said to have occurred on the date stated above, at 11 6. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	Jan 17th

Other contributory causes of importance:

Chronic myocarditis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank J Lyd, M. D.

(Address) 2008 E. Monument St

V-6-3

INSTRUCTION: Write in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible]

E 97618

E 97618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1254 Woodbourne ave St. 27-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Comet Bourne

(a) Residence: No. 1254 Woodbourne ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widow.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Bourne.

6. DATE OF BIRTH (month, day, year) January 18, 1838

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~100~~ 96		4.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manpoth Long
(State or country) Island New York.

FATHER

13. NAME David Comet.

14. BIRTHPLACE (city or town) Syanette, Long
(State or country) Island. New York.

MOTHER

15. MAIDEN NAME Sarah Bowen

16. BIRTHPLACE (city or town) Oyster Bay
(State or country) Long Island, New York

17. INFORMANT Allen C. Bentham.
(Address) 3134 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Cypress Hill Brooklyn N.Y. Date June 24, 34

19. UNDERTAKER John A. McCann
(Address) 3000 E. Baltimore St

20. FILED JUN 23 1934 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1934. to January 22 1934
I last saw her alive on January 21 1934 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatty degeneration of heart.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Allen C. Bentham. M. D.

(Address) 3134 E. Baltimore St.

V s 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A E 97619 E 97619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1622 Webster St. 24-61 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac T. Dougherty.
(a) Residence: No. 1622 Webster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	white	married

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Jessie E. Dougherty nee Brooks

6. DATE OF BIRTH (month, day, year) Nov. 8 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73.	2.	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ships Carpenter.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

FATHER
13. NAME Thomas Dougherty
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs. Jessie Dougherty.
(Address) 1622 Webster St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Date Jan 24. 1934 at 3 P.M.

19. UNDERTAKER J. Walter Davis
(Address) 3418 Chestnut Ave.

20. FILED JAN 23 1934 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Jan 22 1934
I last saw him alive on 1934 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1933
Other contributory causes of importance:	
Chronic Interstitial Nephritis	1933

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Sidney H. Lloyd M. D.
(Address) 459 E. Fort Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1265-6 E 97620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97620

52

Registered No.

1. PLACE OF DEATH 1717 E. Eager St. 7-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Martin Litzinger

(a) Residence: No. 1717 E. Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Anna Litzinger

6. DATE OF BIRTH (month, day, year) Sept. 1, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. iron-shops.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Augustus M. Litzinger

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Margaret Fishpaw

16. BIRTHPLACE (city or town) (State or country) Balto Co Md.

17. INFORMANT Elizabeth C. Dorsey
(Address) 2 Lindbrook La Pikesville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Jan 24. 1934

19. UNDERTAKER George W. Zinkler
(Address) 1737 E Eager St

, 19 Registrar

20. FILED

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1929 to Jan. 22, 1934

I last saw h alive on Jan. 21, 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia	?
myocardial insufficiency	?
metastatic carcinoma,	

Other contributory causes of importance:

Carcinoma of face	8/29/29

Name of operation Radium emanations Date of ?

What test confirmed diagnosis? finding Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify.

(Signed) L. C. Sobral M. D.

(Address) 447 N. Kenwood Ave.

M. D. B. 1268-9

E 97621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Story

(a) Residence: No. 1430 N Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Loretta

6. DATE OF BIRTH (month, day, year) 1/13/84

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Edwin Story
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Laura Stinson
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 1-25-34

19. UNDERTAKER Kendall & Humphreys
(Address) 1501 N. Broadway

FILED JAN 23 1934 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934 to Jan 22 1934.
I last saw h[illegible] alive on Jan 22 1934 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Periarteritis nodosa	? Aug 1933
Nodosa	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Reamichael Leftwich M. D.

(Address) Johns Hopkins Hospital

BIRTH CERTIFICATE OF DEATH is in plain terms, so that it may be properly understood. EACH statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97622

CERTIFICATE OF DEATH

V 31 E 97622

1. PLACE OF DEATH
CITY OF BALTIMORE, (No.) Provident Hosp St., 18-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Smith

(a) Residence: No. 823 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maud Smith

6. DATE OF BIRTH (month, day, year): Dec 2-1905

7. AGE: Years: 28; Months: 10; Days: 18; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O+O
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Winston Salem N. C.

FATHER
13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT (Address): Maud Smith 823 Pierce

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: Jan 23, 1934

19. UNDERTAKER (Address): Thomas E. Nelson 1303 Presstman St

20. FILED ... 19 ... (Registrar)

JAN 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20 cc, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I (a) Nephritis	6 months

Other contributory causes of importance:

Name of operation: Regular Date of: No

What test confirmed diagnosis: ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Leuck Coroner, M. D.

(Address) Coroner

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

97623

CERTIFICATE OF DEATH

97623 V 46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 E. Baltimore St. 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha List

(a) Residence: No. 3315 E Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George List

6. DATE OF BIRTH (month, day, year) July 30, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5 6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Chas Hildebrand

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs List

(Address) 3315 E Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Jan 25 1934

19. UNDERTAKER John Wedick

(Address) 2168 Orleans

20. FILED Huntington Williams

JAN 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1933, to Jan 21 1934

I last saw her alive on Jan 21 1934 Death is said to have occurred on the date stated above, at 10 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma colon	

Other contributory causes of importance:

Chronic myocarditis

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Hornstein M. D.

(Address) 733 Aisquith St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97624

CERTIFICATE OF DEATH

194-002

E 97624

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-01 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Franklin Oliver Jones

(a) Residence: No. 1144 Cleveland St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine G. Jones

6. DATE OF BIRTH (month, day, year) Oct. 2, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanics Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O 073

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 33 yrs.

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland

FATHER

13. NAME Thomas F. Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Dickinson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs. Katherine G. Jones 1144 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan. 25, 1934

19. UNDERTAKER [illegible] Jackson & Jones

(Address) [illegible]

20. FILED 1934 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-21 1934

Where did injury occur? Emery & Scott
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury unknown

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

Spec.—8-16-29—L. F. S.—100 Bks.

E 97625

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97625

CERTIFICATE OF DEATH

82-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE; (No. 228 E. Cross ST. 24-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Harrigan

(a) RESIDENCE NO. 228 E. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Michael Harrigan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth McCormack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Michael Boylan

(Address) 2208 Bank St.

15 Filed JAN 23 1934 Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21-1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 18 . 1934 . to Jan 21 . 1934.

that I last saw her alive on Jan 21 . 1934

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Hypertension Arterial

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) E. J. Wheate, M. D.

. 19 (Address) 1229 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Jan. 24th 1934
20 UNDERTAKER Margaret F. Flynn	ADDRESS 1107 N. Milton Ave.

Important. See instructions on back of certificates.

AsCo. 5-31 250B

E 97626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97626

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Erdman Ave. St., 9-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Elizabeth Hetterich

(a) Residence: No. 3105 Erdman Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Hetterich

6. DATE OF BIRTH (month, day, year) Oct. 17, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Jacob Hetterich
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME [illegible] ? Miller
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. R. Combs
(Address) Fullerton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Cemetery Date Jan. 24th 1934

19. UNDERTAKER Frederick Sheahan Sons
(Address) 740 Gay St.

20. FILED AUG 23 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16th, 1933, to Jan 22, 1934
I last saw her alive on Jan 21st, 1934, death is said to have occurred on the date stated above, at 9:45Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
(Chronic Nephritis)	
Arteriosclerosis	
Cerebral Hemorrhage.	NOV 17 '33

Other contributory causes of importance:

Hypertension	
Chronic Myocarditis	

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Victor Goldberg, M. D.
(Address) 1524 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

E 97627

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97627

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. 206 Division St. 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas W. Brown Jr

(a) Residence: No. 206 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13.

7. AGE | Years | Months 6 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Chas W Brown

14. BIRTHPLACE (city or town) (State or country) Norristown Pa

MOTHER

15. MAIDEN NAME Mary Lumdle

16. BIRTHPLACE (city or town) (State or country) Laurel Del

17. INFORMANT Chas W. Brown Jr
(Address) 206 Division

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan. 23. 1934

19. UNDERTAKER J. P. Davenport
(Address) 1006 Pa. Ave

20. FILED ... 19 ... Registrar

JAN 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
4 Days	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Leek M. D.
Coroner

(Address) ...

M. D. B. 1268-9 E 97628

E 97628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 9-W (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Susie Hamm

(a) Residence: No. 1724 Ashland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Washington Hamm (dec'd)

6. DATE OF BIRTH (month, day, year) Sept 12, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME John T Thompson

14. BIRTHPLACE (city or town) (State or country) King William Co Va

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Jan 24 1934

19. UNDERTAKER L. P. Dawson (Address) 1006 Pennsylvania Ave

JAN 23 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1937 to Jan 20 1937 Death is said I last saw h[er] alive on Jan 20 1937 to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general Hypertension Nephritis, arteriosclerotic	10 Mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Nagel M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 97629 E 97629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Curtis

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Curtis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Mulbourn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mother

(Address)

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Place University of Md Date Jan 23, 1934

19. UNDERTAKER

(Address)

20. FILED JAN 31 1934 Registrar.

0061

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to gunshot wound of thorax + aorta	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) August Filler M. D.
Coroner

(Address) 273 Fallsway

M. D. B. 126-3

E 97630

280890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97630

131

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Martha Hill

(a) Residence: No. 1704 E Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Albert Glover

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cemetery Date Jan 23. 1934

19. UNDERTAKER Wendell J Tilpel

(Address) 2005 Eden St

20. FILED JUN 2 1934 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1934, to Jan 20, 1934

I last saw her alive on Jan 20, 1934. Death is said to have occurred on the date stated above, at 2.57 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1
Hypertension.	
Cardiac Failure + hypertrophy	3 mos

Other contributory causes of importance:

Arteriosclerotic Nephritis
Vascular Retinitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Blanchard Silverman, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97631 — 178-01 — F 97631

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4504 Pentwood Rd St., (or Ward) 26-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 9 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Funk

(a) Residence: No. 4504 Pentwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Bertha May

6. DATE OF BIRTH (month, day, year): Apr 9-1885

7. AGE: Years 48 | Months 9 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Garage Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Auto Sales

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Jas J. Funk.

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Amelia Knight

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: John J. Funk

(Address) 4504 Pentwood Rd

18. BURIAL, CREMATION, OR REMOVAL: Loudon Pk. Date 1/24/34

19. UNDERTAKER: Geo. H. Lembach

(Address) 508 Reisterstown Rd

20. FILED: JAN 23 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Jan 21- 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Asphyxiated by Illuminating Gas.

Date of onset

Other contributory causes of importance: Gas Heater

Name of operation ... Date of ...

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Injury Jan 21. 1934

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ... Gas,

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) A. Funk M. D.

(Address) Coroner

M. D. B. 1268-9

E 97632

97632

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 95-002

CERTIFICATE OF DEATH

I. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 576 Nottingham (St.) 28-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James A. Coyne.

(a) Residence: No. 576 Nottingham Road St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/20/1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59 59	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Coyne.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Lucy Carroll.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Catherine Thorpe.

(Address) 576 Nottingham Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jany 24 19 34

19. UNDERTAKER J. J. Flaherty & Son

(Address) 1318 Light St

Thurston Williams, N.J.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22 , 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-27 , 1933 to 1-22 , 1934

I last saw him alive on 1-21 , 1934 Death is said to have occurred on the date stated above, at 3.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V disease	
Coronary Thrombosis	12-30-33

Other contributory causes of importance:

Pulmonary Embolism	1-9-34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Nelson Carey , M. D.

(Address) 1014 St Paul St.

V.S. 3 State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2-1934

A&Co. 5-31 250B

E 97633

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97633

CERTIFICATE OF DEATH

✓46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 E. Lafayette Ave St. 12-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Worthington Sultzer

(a) Residence: No. 415 E. Lafayette Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2/1875

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	58	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William H.H. Sultzer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah E. Causmelle

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Miss Mary F. Sultzer
(Address) 415 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Jan. 24 1934

19. UNDERTAKER H. W. Meuston
(Address) 205 N. Calvert St.

20. FILED Jan 24 1934 [illegible]

R231934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 22/34 19

22. I HEREBY CERTIFY, That I attended deceased from Jany 5/34, 19..., to Jany 20/34, 19...
I last saw him alive on Jany 20/34 19... death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Anaemia	

Other contributory causes of importance:

Carcinoma of Pylorus (Stomach)	2-3 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? Examination-clinical laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jos L Kerr M. D.
(Address) 508 E Fayette

M. D. H. 1268-9

E 97634 E 97634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 15-01 Ward)

Registered No. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Chase

(a) Residence: No. 1326 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME John W. Chase

14. BIRTHPLACE (city or town) (State or country) Calvert County Md

MOTHER

15. MAIDEN NAME Mary Matilda Lee

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT W. H. Lewis
(Address) Prince Frederick Calvert Co Md

18. BURIAL, CREMATION, OR REMOVAL
Place Huntingtown Calvert Co Date 1/24/34 19

19. UNDERTAKER E. H. B. Parker
(Address) 47 Washington St Cumpton Md.

20. FILED JAN 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Hemorrhage due to Pistol Wound of Lung and Intestines	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Jan 21st 1934

Where did injury occur? 1210 Laurens St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Pistol wound

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Smith M. D.
Coroner

(Address)

Spec.—2-29-28—L. F. S.—500 Bks.

E 97635

E 97635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 Allendale Dr. WARD 45-24)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Bates Bennett

(a) RESIDENCE NO. 2114 Allendale Rd. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. — How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Dora Matthieu

6 DATE OF BIRTH (month, day, and year): Aug 12 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	5	11 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Physician 054

(b) General nature of industry, business, or establishment in which employed (or employer): Practice of Medicine

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Richard A Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Elizabeth A Bates

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Frances Bennett Evans

(Address): 4936 Park Hgts

15 Filed JAN 23 1934, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 24th 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov 26 1931 to Jan 24 1934.

that I last saw him alive on Jan 24th 1934

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Chronic Arthritis & Myocarditis

(duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy & Clinical

(Signed) C. B. Evans, M. D.

(Address) 4936 Park Hgts Av 1-22-1934

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem.

DATE OF BURIAL: 1/23 1934

20 UNDERTAKER: John A Mitchell Sons

ADDRESS: 120 Eutaw St.

Important. See instructions on back of certificates.

M. D. B. 1268-9

E 97636

97636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH Saint Agnes Hospital

CITY OF BALTIMORE: (No. ..... St. 1906 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 11 mos. 15 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Edward Kelly

(a) Residence: No. 1803 Lemmon St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Catherine E Kelly.

6. DATE OF BIRTH (month, day, year) Feb 5th 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Thomas Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Vandemore

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine E. Kelly

(Address) 1803 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cemetery Date Jan. 24 1934

19. UNDERTAKER J. A. Pickpeck & Son

(Address) 1300 Eutaw Place

Jan 23 1934 H. Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Jan 20 1934

I last saw him alive on Jan 20 1934. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Left Base)	Jan 18
Other contributory causes of importance: Hypertension - arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. Dunn M. D.

(Address) St. Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 126

E 97637 ✓ E 97637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St. 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Leland

(a) Residence: No. C. H. I. St. ... Ward. ...

(Usual place of abode) 1221 Madison Ave. Baltimore, Maryland (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1/15/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1 day			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New Born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New Born

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Albert Leland

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Eva Kesan

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Eva Leland (Address) ...

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Cemetery Date Jan 23 1934

19. UNDERTAKER J. Levinson & Bro (Address) 1122 E. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-18-34 to 1-22-34

I last saw h.c.r. alive on 1-22-34 Death is said to have occurred on the date stated above, at 8:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 2 weeks	Birth
Premature Child	

Other contributory causes of importance:

Unknown

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Richard V. Hoover M. D.

(Address) Church Home & Inf.

OCCUPATION is very important. See instructions on back of certificate.

N. D. B. 1268-9

E 97638

97638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., W. of Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME SARAH H. Oppenheimer

(a) Residence: No. Sinai Aged Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel Oppenheimer

6. DATE OF BIRTH (month, day, year) Sept. 19, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Simon Oppenheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Miriam Hannah Herman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. B. Oppenheim

(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Chevra Shalom Cem. Date Jan 24 1934

19. UNDERTAKER Harry Sondheimer Son

(Address) 1902 Eutaw Place

20. FILED 1934 19 Hattie Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1934 to Jan 22, 1934

Last saw h[illegible] alive on Jan 22 - 1934 Death is said to have occurred on the date stated above, at 2:52 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac failure	1-21-34
Cardiac hypertrophy	
" emphysema	
Arteriosclerosis.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ellis J. Kerrigan M. D.

(Address)

V 6 3 OCCUPATION ... very important. See instructions on back of certificate.

M. D. B. 1268-0

✓ E 97639

97639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Boone St. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME JAMES E. MAGILL

(a) Residence: No. 2111 Boone St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine O'malley Magill

6. DATE OF BIRTH (month, day, year) June 5- 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. State- Child Labor Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6t

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Magill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Egan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Katherine M. Magill
(Address) 2111 Boone St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Jan. 24. 1934

19. UNDERTAKER Chas. P. Frank & Son
(Address) 1100 Pennsylvania Ave

20. FILED 1-23-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/26 1933 to 1/21 1934

I last saw him alive on 1/21/34 1934. Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/18/34
Arteriosclerosis	?
Hypertension	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry W. Hess M. D.

(Address) 104 W. Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97640

97640

CERTIFICATE OF DEATH

X 93-003

Registered No. 24561

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General St. Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [redacted] yrs. [redacted] mos. [redacted] ds. How long in U. S. If of foreign birth 20 yrs. [redacted] ds.

2. FULL NAME Gustav Flug.

(a) Residence: No. Solley A.A.Co.Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Carrie Flug.

6. DATE OF BIRTH (month, day, year) October 5, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	47	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Carrie Flug.(wife)
(Address) Solley, A.A.Co.Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Shirley Church Cemetery Date Jan 24. 1934

19. UNDERTAKER John F. Deering
(Address) 715 E. 2d St.

20. FILED 1/23 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exposure & malnutrition, Congestive Cardiac Failure	
General Arterio sclerosis & Chronic Myocarditis. Emphysema.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(How specify)

(Signed) Otto M Reinhardt Coroner, M. D.

1/23/34 (Address) 1017 E. Charles St.

R. P. H.

M. D. B. 1268-9

E 97641 ✓ E 97641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 119

CITY OF BALTIMORE: (No. 701 Pontiac Ave, 25-01 Ward) Brooklyn

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irvin G. Grimes

(a) Residence: No. 701 Pontiac ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 12 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	13 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn Md

FATHER

13. NAME Clarence W. Grimes

14. BIRTHPLACE (city or town) (State or country) Brooklyn md

MOTHER

15. MAIDEN NAME Frances E Bowen

16. BIRTHPLACE (city or town) (State or country) Brooklyn md

17. INFORMANT Mr Clarence W Grimes
(Address) 701 Pontiac ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Jan 24 1934

19. UNDERTAKER John F Denny
(Address) 1215 Light St

20. FILED Jan 23 1934 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934 to Jan 22 1934

I last saw him alive on Jan. 20 1934 Death is said to have occurred on the date stated above, at 11 25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastroenteritis	Jan. 20 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. .....

(Signed) William A Goff M. D.

(Address) 4615 Pennington Ave

M. D. B. 1268-9

✓ E 97642

97642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Daisy Monroe

(a) Residence: No. 2904 Walbrook ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Oscar C. Monroe. 1641

6. DATE OF BIRTH (month, day, year) Nov. 7

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life.

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Carroll Co

17. INFORMANT Oscar Monroe
(Address) 2904 Walbrook Ave

18. BURIAL, CREMATION OR REMOVAL
Place Gamba Ldo Date 1-24-1934

19. UNDERTAKER M. E. Groome & Co
(Address) 641 W. Fayette St

Thos. F. Williams, M.D.
Registrar.

20. FILED 1-23-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/16/34 . 19 . to 11/21/34 . 19

I last saw h.e.r. alive on 1/21/34 . 19 . Death is said to have occurred on the date stated above, at 8.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute lymphatic leukemia	

Other contributory causes of importance:

Oral Sepsis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur Karlsen . M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97643

HEALTH DEPARTMENT—CITY OF BALTIMORE

97643

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Lewis

(a) Residence: No. 5501 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Barney Lewis

6. DATE OF BIRTH (month, day, year) Oct 18 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Frank

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Schloss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Barney Lewis

(Address) 5501 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cemetery Date Jan 24/1934

19. UNDERTAKER

(Address)

20. FILED 1-23-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1933 to Jan 22, 1934

I last saw her alive on Jan 22, 1934. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic myocarditis	
Cardiac hypertrophy + dilatation	
Cerebral thrombosis – R. hemiplegia	
Terminal bronchopneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henry B. Makover M. D.

(Address) Sinai Hospital

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—[illegible] B[illegible]

E 97644

E 97644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 167 W. Hamburg St. ST. 23-01 WARD)

2-FULL NAME Joseph C. Cunningham.

(a) RESIDENCE NO. 167 W. Hamburg St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
WIFE of Virginia Cunningham.

6 DATE OF BIRTH (month, day, and year) October 8, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Restaurant keeper.

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Cornelius Cunnibgham.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Selina --------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Gertrude H. Cunningham. (daughter)
(Address) 167 W. Hamburg St.

15 Filed [illegible] Registrar

N 23 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 22, 1934

17 I HEREBY CERTIFY, That I attended deceased from October 21, 1933 to January 22, 1934.
that I last saw him alive on January 22, 1934.
and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

Organic disease of the heart and Kidneys.

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? None Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto H. Reinhardt, M. D.

1/22/34 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 1/24 1934

20 UNDERTAKER [illegible] & Son

ADDRESS 703 Hanover St

M. D. B. 1268-9

E 97645 ✓ E 97645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH St. Agnes Hospital

Registered No. .....

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Thomas J. Thompson

(a) Residence: No. 301 Raynes Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 13th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. T. Hakeman Bal Co

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David Thompson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Alice Paterson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jane Certain - Sister

(Address) 301 Raynes Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Mausoleum Date Jan 24th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-18-1934 to 1-22-1934

I last saw h alive on 1-22-1934 Death is said to have occurred on the date stated above, at 10 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia Both Lungs	1-15-34

Other contributory causes of importance:

Myocarditis	5yr.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thomas H. Mogrean M.D.

(Address) 1223 N. Eden St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. R. 1268

E 97646

Chelton

E 97646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 8-01 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ira Wesley Chelton

(a) Residence: No. 25-15-E Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ella Chelton

6. DATE OF BIRTH (month, day, year): Feb 6, 1881

7. AGE — Years: 52 — Months: 11 — Days: 15 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Marble Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lizgartner 076

10. Date deceased last worked at this occupation (month, day, year): 1928

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Crisfield Md

FATHER

13. NAME: George Chelton

14. BIRTHPLACE (city or town) (State or country): Crisfield Md

MOTHER

15. MAIDEN NAME: Sally Collins

16. BIRTHPLACE (city or town) (State or country): Crisfield Md

17. INFORMANT: Friends
(Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Date: Jan 25th 1934

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED ..., 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): January 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934 to Jan 21, 1934 Death is said

I last saw him alive on Jan 21, 1934 at 1:30 P.m.

to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurative Bronchitis	3 days
Influenza	4 Mos
Staphylococcus Albus	
Contributory Disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I P Hazell M. D.

(Address) East City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9 E 97647 ✓ M E 97647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

213

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Oscar Olsen

(a) Residence: No. Norwegian Motor Vessel SS Paraguayo St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
20	20	6	5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SS Paraguayo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oslow (State or country) Norway

FATHER

13. NAME Hennin Olsen

14. BIRTHPLACE (city or town) Oslow (State or country) Norway

MOTHER

15. MAIDEN NAME Dagmar ?

16. BIRTHPLACE (city or town) Oslow (State or country) Norway

17. INFORMANT Furness-Withy & Co., Ltd.
(Address) 19 South St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Jan. 24 19 34

19. UNDERTAKER Joseph B. Cook
(Address) 1305 N. Baltimore St.

20. FILED ... 19 ...
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23 19 34

22. I HEREBY CERTIFY, That I attended deceased from — 19 ... to — 19 ...

I last saw him alive on — 19 ... Death is said to have occurred on the date stated above, at 3.30 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Fractured Cervical Vertebrae	
Accidental	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/22 19 34
Where did injury occur? On board SS Paraguayo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place On Board of Steamship
Manner of injury Fell down Hatch
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify While performing his duty

(Signed) H. A. Hoyer M. D. Coroner
(Address) 1305 N. Patterson Park Ave.

M. D. B. 1268-9

281071
E 97648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 97648

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur T Smith

(a) Residence: No. 1207 Franklintown Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-27-33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Arthur Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louise Harris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 24 1934

19. UNDERTAKER Hunt M Olive Son
(Address) 638 N Eutaw

20. FILED JAN 24 1934 By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1934, to Jan 22, 1934. I last saw him alive on Jan 22, 1934. Death is said to have occurred on the date stated above, at 9.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Jan 17 1934
Pulmonary tuberculosis	Jan 1st 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John F. Worthington M. D.

(Address) Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-A

E 97649 ✓ E 97649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3723 Elm Ave St. 13-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna V. Eartside

(a) Residence: No. 3723 Elm Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard A. Eartside

6. DATE OF BIRTH (month, day, year) Feb. 14 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME David Henderson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza J. Smythe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Ethel B. Fedrick
(Address) 3723 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan. 24 1934

19. UNDERTAKER Horace W. Burgee
(Address) 3631 Falls Road.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1934 to Jan 22 1934

I last saw her alive on Jan 22 1934 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/18/34

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard Duncan M. D.

(Address) 846W 36 St. Balto.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97650

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97650

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 Carroll St. 21-01 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oliver Nash

(a) Residence: No. 1336 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie Nash

6. DATE OF BIRTH (month, day, year) Aug 7, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Warehouse 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Nash

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Nellie Nash

(Address) 1336 Carroll

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Jan 24, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 327 N. Stricker St.

20. FILED , 19 H. L. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934, to Jan 22, 1934

I last saw him alive on Jan 21, 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 13-34
Other contributary causes of importance:	
Aortic Nephritis	Unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Morley Stoops M. D.

(Address) 7 Highland Blvd

M. D. B. 12684 E 97651 ✓ E 97651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5007 Norwood Ave St., 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella Ermwood Smiley

(a) Residence: No. 5007 Norwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 18 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 068

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Smiley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Isabella Ermwood

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Isabella Smiley

(Address) 5007 Norwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 24 1934

19. UNDERTAKER H. Reginald Sons

(Address) North at Laud

20. FILED JAN 24 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 1933 to Jan 22 1934

I last saw h[illegible] alive on Jan 21 1934 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset June 1933

Other contributory causes of importance:

Cerebral Sclerosis — 1932

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. C. Emmert M. D.

(Address) 4309 Liberty Hgts Ave

VS. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9 E 97652

E 97652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... St., 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel May Henderson

(a) Residence: No. 1009 Union ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin Henderson

6. DATE OF BIRTH (month, day, year) Aug. 20, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas H. Kain

14. BIRTHPLACE (city or town) (State or country) Thomaskin Pa.

MOTHER

15. MAIDEN NAME Sarah E. Miles

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Thos H. Kain

(Address) 1009 union ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 25 1934

19. UNDERTAKER Wm. J. Tickner & Son

(Address) Nott & Pa ave.

20. FILED JAN 24 1934, 19..... [illegible] Registrar.

JAN 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-16-, 1934 to 1-23, 1934

I last saw her alive on 1-23 1934 Death is said to have occurred on the date stated above, at 11 1/2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, mplt sude Type II	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel Rubin, M. D.

(Address) Franklin Sq. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0 E 97653 ✓ E 97653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 N.Caroline Street, 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin A. Sutton

(a) Residence: No. 1820 N.Caroline Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E.Sapp Sutton

6. DATE OF BIRTH (month, day, year) May 13, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sergt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Police Dept. 61

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) White Hall. Baltimore Co.. (State or country) Maryland

FATHER

13. NAME Alfred Wesley Sutton

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Ellen Garrett

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs.Annie E.Sutton
(Address) 1820 N.Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Jan.25.1934

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 19 34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 22/34 19

22. I HEREBY CERTIFY, That I attended deceased from February 1929. to Jan 22/34 19

I last saw him alive on 2 P.M. Jan 22/34 Death is said to have occurred on the date stated above, at 7.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance:	
Chr. Nephritis	5 yrs
Uremia	3 mths

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 106 E Northern

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-0

E 97654

ME 97654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 Years yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Maurice E. Winslow

(a) Residence: No. 1728 E. Lafayette Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---*****----

6. DATE OF BIRTH (month, day, year) Aug. 8, 1912.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	5	15	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Rainey Maryland

FATHER

13. NAME Benjamin R. Winslow

14. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER

15. MAIDEN NAME Mary G. Devaughn

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT (Address) Benjamin R. Winslow 1728 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Jan 24, 1934

19. UNDERTAKER (Address) [illegible]

20. FILED JAN 24 1934, 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 to Jan 19

I last saw him alive on Jan 19 Death is said to have occurred on the date stated above, at 10:50 P m

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of no

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1/20, 1934

Where did injury occur? Moravia Ave & Walther Blvd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which he was riding collided with another auto

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Oberny Coroner M. D.

(Address) 2100 E Madison St

M. D. R. 1264 E 97655 ✓ ME 97655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Noah Hopkins

(a) Residence: No. Oxon Hill (Usual place of abode) Manford St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise Hopkins

6. DATE OF BIRTH (month, day, year) 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolteacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Rock Hall, Maryland (State or country)

FATHER

13. NAME Wm. T. Hopkins

14. BIRTHPLACE (city or town) Rock Hall, Md (State or country)

MOTHER

15. MAIDEN NAME Ethel Carey

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Samuel L. Hopkins

(Address) 128 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 24 Jan 1921

19. UNDERTAKER Samuel E. Hopkins & Sons

(Address) 548 N. Eutaw St

20. FILED 1921 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1921

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 to Jan 22, 1921

I last saw him alive on Jan 22, 1921 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Depressed Fracture of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation Craniotomy Date of 1/21/21

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/20, 1921

Where did injury occur? Mulberry & McMechen Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving collided with another auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Blumberg Coroner, M. D.

(Address) 1200 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 97656 ✓ E 97656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 N Calvert St. 11-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Fuller

(a) Residence: No. 804 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lucille Fuller

6. DATE OF BIRTH (month, day, year) Oct 7 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	4 3	21 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta Ga.

FATHER

13. NAME Cuff Fuller

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Hannah ?

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Lucille Fuller (wife)
(Address) 804 N Calvert st

18. BURIAL, CREMATION, OR REMOVAL
Place Atlanta Ga Date 1/25/ 1934

19. UNDERTAKER Byron & Marriott
(Address) 1215 Madison Ave

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933 to Jan 23 1934

I last saw h~~im~~ alive on Jan 20 1934 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	2 mos
Other contributory causes of importance: Pneumothorax, non Neplastic Hypertension Generalized Anasarca	2 mos

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R J Yeney M. D.

(Address) 1729 Monument st

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

97657

HEALTH DEPARTMENT—CITY OF BALTIMORE

97657

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Leadenhall St. 22-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Hunt

(a) Residence: No. 821 Leadenhall St., 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Housework

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Elias Henson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Snowden

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Carrie Williams
(Address) 821 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Co Date Jan 24, 1934

19. UNDERTAKER Edw Bryson
(Address) 1631 Orleans St

20. FILED JAN 24 1934 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21/ 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/11/34 to 1/21/34

I last saw h... alive on 1/21/ 1934 death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	3 mos ago
Arterio Sclerosis and Interstitial Nephritis	Nov. 1933

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. Jno Bowley M. D.

(Address) 519 N. Carrollton Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97658

CERTIFICATE OF DEATH

E 97658

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 Druid Park Drive Ward) 12-01

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian C High

(a) Residence: No. 2524 Druid Park Drive Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roswell H. High.

6. DATE OF BIRTH (month, day, year) Nov. 4 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49.	2.	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Roswell H. High.
(Address) 2524 Druid Park Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan. 25. 1934

19. UNDERTAKER Josiah Lyter
(Address) 1600 N. North Ave.

20. FILED Huston-Williams, Inc.
Registrar.
E.N.J.

JAN 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 11, 1934 to Jany 22, 1934
last saw h.e. alive on Jany 22 1934 Death is said to have occurred on the date stated above, at 8 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Hugh T. O'Boyle M. D.

(Address) 124 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97659 — 18 E 97659

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... ST., 3201 WARD) 12

2-FULL NAME William R. Chilcote

(a) RESIDENCE NO 4130 Falls Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E. Chilcote

6 DATE OF BIRTH (month, day, and year) Jan. 24, 1870

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
63	11	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Automobile Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) 686
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

PARENTS

10 NAME OF FATHER John Chilcote

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Florence E. Chilcote

(Address) 4130 Falls Road

15 Filed ..... 192 ..... Registrar

JAN 24 1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-22- 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) 4 yrs. mos ... ds.

CONTRIBUTORY (Secondary) Gun Shot wound in scalp of head (duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Union Memorial Hosp.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Mowbray, Coroner, M. D.

, 19 (Address) 3632 Roland ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Jan. 24, 1934

20 UNDERTAKER E. Leroy Stiffler, Inc. — ADDRESS 125 E. North ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

E 97660

✓ E 97660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. 8-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1st yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Owens

(a) Residence: No. 2512 E. Eager St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Owens

6. DATE OF BIRTH (month, day, year) Dec. 13, 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. "Huckster"

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Pearl ? Owens

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Brooks (Address) Balt City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Jan. 24 1934

19. UNDERTAKER August Pagels (Address) 2406 Eastern Ave

20. FILED ..... 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1933 to Jan 23, 1934

I last saw h. alive on Jan 23, 1934 Death is said to have occurred on the date stated above, at 4:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, rheumatic	6 years
Myocardial insufficiency & congestive failure	6 mo

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. D. Nagel M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 97661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97661

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 W Preston St. 11-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph R. Lindsay

(a) Residence: No. 141 W Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colrd	Single ~~Married~~ Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41 40	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bell Boy 10 01

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph H Lindsay

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Alice Murray

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joseph H Lindsay
(Address) 141 W Preston

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 1/24/34 19

19. UNDERTAKER Mrs. George E. Ellard
(Address) 163 Guilford Ave

20. FILED ... 19 ...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.;

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	6 Mos
Other contributory causes of importance: Cardiac Embolism	Sudden

Name of operation — Date of ...

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M Heuslow M. D.
Coroner

(Address) Rose Chas

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cause of death in plain terms, so that it may be properly classified.

Spec.—2-29-28—L. F. S.—500 Bks.

E 97662

E 97662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 631 Marietta Ave ST. 23-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME MATTIE Marion V. Baumgartner

(a) RESIDENCE NO. 1308 Light St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leo J Baumgartner

6 DATE OF BIRTH (month, day, and year) 11/1/65

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER P. J. Rhatz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Lang

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Leo J Baumgartner

(Address) 1308 Light St

15 Filed JAN 24 1934, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21, 1934.

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934 to Jan 21, 1934

that I last saw h... alive on Jan 20, 1934

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Left Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Claud Frank M. D.

1/23/34 (Address) 4716 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [redacted]don Park — DATE OF BURIAL 1-24 1934

20 UNDERTAKER J. J. Fahey & Son — ADDRESS 1317 Light

Important. See instructions on back of certificates.

A&Co. 5-H 250M E 97663

HEALTH DEPARTMENT CITY OF BALTIMORE

E 97663

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 E 23½ St. 12-01 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cessie Newton

(a) Residence: No. 308 E 23½ St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frank Newton
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza —
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Olivia Brown
(Address) 308 E. 23½ St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Jan 26 1934

19. UNDERTAKER James A Sayer
(Address) 142 N Eutaw St

20. FILED 1934 Filed for record JAN 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1933 to Jan 22 1934
I last saw her alive on Jan 22 1934 death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:

Cardiac Nephritis
Pneumonia Nephritis

Date of onset

Other contributory causes of importance:

Nephritis

Name of operation no Date of no
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Bryll, M. D.
(Address) 426 E. 28 St.

OCCUPATION is very important. See Instructions on back of certificate. Exact statement of

M. D. F. 1268-9

E 97664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97664

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 No Fulton Ave St) 20-01 Ward)

Length of residence in city or town where death occurred 60 yrs. 2 mos 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor D. Bargar

(a) Residence: No. 218 No Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Nov 4 - 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Joseph A Bargar

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Anna E Stevenson

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT (Address): Joseph Bargar 218 No Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loraine Date: Jan 25. 1934

19. UNDERTAKER (Address): John F Dennis 715 Leg 24 St

20. FILED Jan 24 1934 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 22. 1934

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ made inquiry to January 22. 1934

~~I last saw him alive on~~ 19 . Death is said to have occurred on the date stated above, at 6 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
6 weeks	

Other contributory causes of importance:

Arterio Sclerosis - Length unknown	

Name of operation: None Date of: No

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos L. Valentine M. D. Coroner . M. D.

(Address) 14 So Broadway

M. D. B. 1268-9

E 97665

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97665

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospitals St. 23-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Samuel Marbey

(a) Residence: No. 1124 Peach Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) March 18, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dals Farm 06

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME S. Cornelius Marbey

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Eliza Snowden (sister)
(Address) 1124 Peach alley

18. BURIAL, CREMATION, OR REMOVAL
Place Furance Branch Date 1/24, 1934

19. UNDERTAKER Walter W. Spicer
(Address) 139 Williams St.

20. FILED , 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 , to , 19

I last saw him alive on Injury, 19 Death is said to have occurred on the date stated above at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/20, 1934

Where did injury occur? Wilkens Ave. nr. Lynde Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across road

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Pokorny Coroner, M. D.

(Address) 1256 E Madison St

Spec. 2-29-28—1. F. S.—500 Blks.

Botton

E 97666 HEALTH DEPARTMENT—CITY OF BALTIMORE E 97666

CERTIFICATE OF DEATH V 131

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE; (No. 1039 W. Lanvale ST. 16-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lanella Botton

(a) RESIDENCE NO. 1039 W. Lanvale ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed or divorced WIFE of (or) HUSBAND of: Widow George Botton

6 DATE OF BIRTH (month, day, and year): 4/28/89.

7 AGE: Years 44 Months 11 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Laundry work.

(c) Name of employer: Dr Kelly Atlanta, Ga.

9 BIRTHPLACE (city or town) (State or country): Atlanta, Ga.

PARENTS

10 NAME OF FATHER: Edward Brooks.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Atlanta Ga.

12 MAIDEN NAME OF MOTHER: Frances White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Palmetto Ga.

14 Informant: George Nathaniel Botton

(Address): 1039 W. Lanvale.

15 Filed JAN 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/20/34

17 I HEREBY CERTIFY, That I attended deceased from Nov 15th, 33, to Jan. 20th, 34, that I last saw her alive on Jan 20th, 1934 and that death occurred, on the date stated above, at 4.20 P m.

THE CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage with Paralysis.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis with Hypertension

(duration) yrs. 2 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) J. T. Gunn, M. D.

19 (Address) 522 N. Arlington ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lion Cemetery

DATE OF BURIAL: Jan. 24, 1934

20 UNDERTAKER: McKutie B. Williams

ADDRESS 322 N. Schroeder St.

Important. See instructions on back of certificates.

S. D. B. 1268

E 97667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97667

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 Dolphin St., 17th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Josephine Wiggins

(a) Residence: No. 500 Dolphin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John F. Wiggins

6. DATE OF BIRTH (month, day, year): Oct 6 1866

7. AGE: Years 69 | Months 3 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Launderess

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kent Co Md.

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Jane Cromwell

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Katie Mc Nair

(Address): 500 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Cem Date: Jan 25, 1934

19. UNDERTAKER: Mrs Katie R. Williams

(Address): 322 N Schroeder st.

20. FILED ..... 19.... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cardiac Hemorrhage

Edema

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leek M. D.
Coroner

(Address) Bronx

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97668

E 97668

28067 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Thompson

(a) Residence: No. 214 S. Bethel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/7/33 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. /

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) John Thompson

MOTHER

15. MAIDEN NAME Wa

16. BIRTHPLACE (city or town) (State or country) Gladys Pace Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place U of Md Med College Date Jan 24 1934

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19... .....
Registrar.

0065

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/7 1934 to Jan 8 1934

I last saw him alive on Jan 6 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Marion L Hoyle M. D.

(Address) Johns Hopkins Hosp.

VS 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97669

97669

Registered No. 46

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 221 S. Stricker St. St. 19-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick John Carle
(a) Residence: No. 221 S. Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Annie Carle (Zimernack) nee

6. DATE OF BIRTH (month, day, year) Nov. 18, 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wheeling W. Va.

FATHER
13. NAME John Carle
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Maggie Lear
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Annie Carle 221 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Jan. 25, 1934
Harry L. Christian

19. UNDERTAKER (Address) 4101 Edmondson Ave. (City) Thurlington Funeral Home, Registrar.

20. FILED 1/24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/1/33, 19... to 1/22/34, 19... I last saw h/m alive on 1/21/34, 19... Death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach adenomatous - secondary.	1 yr.
Other contributory causes of importance: Chronic myocarditis & hypertension	10 yrs.

Name of operation ——— Date of ———
What test confirmed diagnosis? ——— Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Andrés C. Calas M. D.
(Address) H. M. Pueton

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97670

97670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. New Howard Hotel St., W-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth? 35 yrs. 0 mos. 0 ds.

2. FULL NAME Richard J. Urquhart

(a) Residence: No. New Howard Hotel St., Ward. New York City.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Jessie C. Urquhart

6. DATE OF BIRTH (month, day, year): Dec 13 1873

7. AGE: Years: 60 | Months: 1 | Days: 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Marie Earle Inc. NY
10. Date deceased last worked at this occupation (month and year): Jan 22/34
11. Total time (years) spent in this occupation: 1 Week

12. BIRTHPLACE (city or town) (State or country): Kingston England - Canada.

FATHER

13. NAME: Thos. Urquhart
14. BIRTHPLACE (city or town) (State or country): Three Rivers Quebec - Canada

MOTHER

15. MAIDEN NAME: Julia Sloan
16. BIRTHPLACE (city or town) (State or country): London England - Canada

17. INFORMANT: Mrs. Helen Urquhart - (daughter)
(Address) 235-48-96-St-N.Y. City

18. BURIAL, CREMATION, OR REMOVAL
Place Kensico N.Y. Date Jan 24 1934

19. UNDERTAKER: Riverside Mem. Co.
(Address) 108 W. 81st Ave.

20. FILED ..... 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1934 to Jan 23 1934

I last saw h.. alive on Jan 23 1934 Death is said to have occurred on the date stated above, at 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance: Arteriosclerosis.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) M. L. Mayer M. D.

(Address) 604 E. Baltimore St.

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 97671

E 97671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 35

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-21 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annabelle Johnson

(a) Residence: No. 623 Fulton Willow St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4, 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Carrie Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mercy Hospital
(Address) Balto Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date 1-25 1927

19. UNDERTAKER Lowe Bassett
(Address) 1116 Pine ave

20. FILED 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21 1927

22. I HEREBY CERTIFY, That I attended deceased from 1-8-27, 19 to 1-21-27, 19

I last saw h[illegible] alive on 1-21, 1927. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	2 yrs.

Other contributory causes of importance:

Peritonitis	4 days

Name of operation Removal Tubercular Ovary Date of 1-17-27

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. W. Bultmann M. D.

(Address) Mercy Hospital Balto. Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v6 3

1924

E 97672

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97672

CERTIFICATE OF DEATH

√107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Division St., 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Wallace

(a) Residence: No. 1115 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 5 1892

7. AGE — Years 44 | Months 5 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Walter Wallace

14. BIRTHPLACE (city or town) (State or country) Alleg Md

MOTHER

15. MAIDEN NAME Marie Kirby

16. BIRTHPLACE (city or town) (State or country) Alleg Md

17. INFORMANT Walter Wallace
(Address) 1115 Division

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 26, 1937

19. UNDERTAKER Daniel Raptos
(Address) 916 Penna Ave

20. FILED Jan 27 1937 Thurston Phillips M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
10 Days	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) H. Leek M. D.
Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 97673 E 97673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3140 Washington Blvd St. 15-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emery P. Minty (Minty)

(a) RESIDENCE NO. 3140 Washington Blvd St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth B. Minty

6 DATE OF BIRTH (month, day, and year): Apr. 27. 1857.

7 AGE — Years: 76 — Months: 8 — Days: 26 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: Self.

086

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Philip P. Minty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Catharine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Lillie Ruegert

(Address) 4803 Gunther Ave.

15 Filed Jan 25 1934, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 22 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to Jan 22, 1934, that I last saw him alive on Jan 22, 1934, and that death occurred, on the date stated above, at 1:10 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia 4 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Lobar pneumonia (duration) yrs. mos. 11 ds.

Acute Lungs

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Bloody Sputum.

(Signed) Raymond J. Hilderman, M. D.

Jan 22 1934 (Address) 2708 Hillen Hosp Ext

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Jany 25 1934

20 UNDERTAKER: John O. Mitchell Sons — ADDRESS: 1900 Eutaw Place

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

97674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97674

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Beaumont Ave. St. 27-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmon James Blakesley

(a) Residence: No. 510 Beaumont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Hand Blakesley

6. DATE OF BIRTH (month, day, year) Oct. 27, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	2	27 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. marble setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 76

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Chancy Blakesley

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Helen Decker

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Delbert E. Blakeslee

(Address) 426 Rosebank Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 25, 1934

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED JAN 24 1934, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1926 to Jan 23, 1934

I last saw h.. alive on Dec 19, 1933 Death is said to have occurred on the date stated above, at 4.30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	June 1926
Other contributory causes of importance:	
Arteriosclerosis	1926

Name of operation None. Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. W. Wheaton, M. D.

(Address) 4309 York Road

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97675

97675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3714 Green Mount Ave St. 12-01 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Koebrich

(a) Residence: No. 3714 Green Mount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Wurdeman

6. DATE OF BIRTH (month, day, year) July 10, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. casket salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Springfield Met. Casket Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 06

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Koebrich

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Schwartzhaupt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Charles C. Koebrich
(Address) 3714 Green Mount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Cem. Date Jan. 25, 1934

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 1-24-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-34

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Valvular disease of the heart.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John O. Mitchell Coroner . M. D.

(Address) 3632 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97676

HEALTH DEPARTMENT—CITY OF BALTIMORE

97676

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 E. Lanvale Street, 9-A Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Grenzer

(a) Residence: No. 1402 E. Lanvale Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis E. Grenzer

6. DATE OF BIRTH (month, day, year) Jan. 23, 1870.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Christopher Trischmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Dorothy Grenzer
(Address) 1402 E. Lanvale Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Cem. Date Jan 25, 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 24 1934 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from April, 1925 to Jan. 22, 1934
I last saw h[illegible] alive on Jan. 17, 1934 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-22-34

Other contributory causes of importance:

Hypertension	?
Chronic nephritis	?

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. E. Truman, M. D.

(Address) 1107 St. Paul St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 97677

B 97677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 167

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 to 3 Osrego Ave. WARD) 15-C

2-FULL NAME Samuel Levin

(a) RESIDENCE NO. Spring grove Hospital WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	7		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Artist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Joseph Levin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Anna Glasser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Mr Joseph Levin

(Address) 2105 E Lanvale st.

15 Filed Jan 24 1934, 192 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot wound in abdomen,
& Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. Morrow M. D. Coroner

, 19 (Address) 363 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Int Corner

DATE OF BURIAL: 1/27 1934

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS: 1127 E Balto st

TION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 97678

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97678

CERTIFICATE OF DEATH

12-8187-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2822 Guilford Ave (Ward) 12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry H Ellwig

(a) Residence: No. 2822 Guilford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. If single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Gertrude Elizabeth Hellwig

6. DATE OF BIRTH (month, day, year): June 7 1844

7. AGE: Years 89 | Months 7 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Freight Agt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R.R. Co

10. Date deceased last worked at this occupation (month and year): July 1934

11. Total time (years) spent in this occupation: 61

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: George Hellwig

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Caroline Hellwig

(Address) 2822 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL: London Park Date 1/27/34

19. UNDERTAKER: Wilkins Cook

(Address) 1217 St Paul Street

20. FILED JAN 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24 34

22. I HEREBY CERTIFY, That I attended deceased from Jan-24-1933 to Jan-24 1934

I last saw him alive on Jan 23 1934 Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis + Apoplexy + Hypostatic Pneumonia	

Other contributory causes of importance:

Senile debility Age

Name of operation: ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W Stanley Gorsuch M.D.

(Address) 2400 St Paul St. Balto

S 5 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. E-97679 E 97679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Hamilton Terrace St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emanuel H. Seman

(a) Residence: No. 823 Hamilton Terrace Ward.

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Seman

6. DATE OF BIRTH (month, day, year) July 7, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sec'y 043

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Simon Seman

14. BIRTHPLACE (city or town) (State or country) Mosbach Germany

MOTHER

15. MAIDEN NAME Hannah Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Nettie Seman

(Address) 823 Hamilton Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Oakdawn Date 1/26 34 19

19. UNDERTAKER William Cook

(Address) 217 S. St Paul St

20. FILED ..... 19 ..... Registrar.

JAN 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934 to Jan 24, 1934

I last saw h alive on Jan 24, 1934 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Glassman, M. D.

(Address) 2687 Madison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

J. S. 3

M. D. B. E-97680

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97680

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Crystal Av St. 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth McDonald Lyman

(a) Residence: No. 1701 Crystal Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Bosley Lyman

6. DATE OF BIRTH (month, day, year) Oct 28, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Bosley Lyman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edwin B. Lyman Pa.

(Address) 48 Hartwood Drive Upper Darby

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/27 '34

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul Street

20. FILED ..... 19..... Registrar

JAN 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933 to Jan 23, 1934

I last saw her alive on Jan 23, 1934 Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Iron Alone	

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. L. Lee, M. D.

(Address) 418 Southway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. B. 1268

E 97681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97681

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1767 Gorsuch Ave Ward) 9-21

Length of residence in city or town where death occurred 9 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Gibbs

(a) Residence: No. 1767 Gorsuch Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~ ~~or Divorced~~ Widowed. (write the word): Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of Isaac Samuel Gibbs

6. DATE OF BIRTH (month, day, year) Feb 23rd 1847

7. AGE: Years 86 | Months 10 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country) Clearfield Pa

MOTHER FATHER

13. NAME David Litz

14. BIRTHPLACE (city or town) (State or country) ... Pa

15. MAIDEN NAME Livinia Haney

16. BIRTHPLACE (city or town) (State or country) ... Pa

17. INFORMANT Silvia G. Mead

(Address) 1767 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 25th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19. ..... Registrar.

20. FILED ... 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-24 1932 to 1-22 1934

I last saw h.. alive on 1-22 1934 Death is said to have occurred on the date stated above, at 3.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & hypertension	Many years
Uremia	1 week
Chr. Nephritis	Many years
Chr. Myocarditis	"

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? N. K. If so, specify .....

(Signed) Chas F. Sybert, M. D.

(Address) 2913 Harford Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97682

CERTIFICATE OF DEATH

93-10-5 97682

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital St., 6-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo Spears

(a) Residence: No. 212 N. Bradford St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md.

FATHER

13. NAME Henry Spears

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Lee

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md

17. INFORMANT Mary Hall
(Address) 558 McMason St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 25 1934

19. UNDERTAKER Daniel Easton
(Address) 916 Penn Ave

20. FILED JAN 25 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 21/34

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.[illegible] P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably or Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [signature] M. D.
Coroner
(Address) 508 E Fayette

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 97683 ✓ E 97683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Fine Street St. 25-01 Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Aliner

(a) Residence: No. 2419 Annapolis Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Aliner

6. DATE OF BIRTH (month, day, year) April 1869

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	44	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 073

10. Date deceased last worked at this occupation (month and year) Jan 22-1934

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Aliner

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary B Cacabe

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary Aliner Mother

(Address) 2419 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/26/34 19

19. UNDERTAKER Samuel J. Scarlett

(Address) 2318 N. Biddle St

20. FILED JAN 25 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1934

22. I HEREBY CERTIFY, That I ~~attended deceased~~ from Accidental injury, 19 ..... to January 23, 1934

~~I last saw him alive on~~ ....., 19 ..... Death is said to have occurred on the date stated above, at 10 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of the heart.	Accidental injury
Other contributory causes of importance:	
Traumatic	

Name of operation ..... Date of .....

What test confirmed diagnosis? Injury Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 South Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12687 E 97684 E 97684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Elgin Avenue St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. 0 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank A. Furst

(a) Residence: No. 3407 Elgin Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth M. Monius

6. DATE OF BIRTH (month, day, year) Dec. 30, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chairman of Board

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arundel Corporation

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Christopher Furst

14. BIRTHPLACE (city or town) (State or country) ------- Germany

MOTHER

15. MAIDEN NAME Martha Weiman

16. BIRTHPLACE (city or town) (State or country) ------- Germany

17. INFORMANT Mrs. Barbara Waldhauser

(Address) 3407 Elgin Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date 1/26 19 34

19. UNDERTAKER Henry U. Mears and Son

(Address) 725 N. Calvert Street

Filed JAN 25 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1933 to Jany 23 1934

I last saw h[illegible] alive on Jan. 23 1934 Death is said to have occurred on the date stated above, at 10 30 a. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis - Decompensation - General Anasarca and Pulmonary Oedema — Date of onset 1927

Other contributory causes of importance: Acute Bronchitis and Hypostatic Congestion Duration from Nov. 25/33 to Dec. 5-33

Name of operation — Date of —

What test confirmed diagnosis? Physical and Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. L. Mackie M. D.

(Address) 224 E. 32nd St

Information should be carefully applied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

Sherman Johnson ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97685

CERTIFICATE OF DEATH

E 97685 × 93-03

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sherman Johnson

(a) Residence: No. 410 S. 2d St. (Usual place of abode) Sparrows Point Md. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Johnson

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparrows Point Md.

FATHER

13. NAME Preston Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sabina Linell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Daisy Poole

(Address) 624 E. 2d St. Sparrows Pt.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Asbury Date Jan 25 1934

19. UNDERTAKER Sam'l H. Chase & Son

(Address) 638 N. Gilmor

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-14-34, 19..., to 1-21-34, 19...

I last saw him alive on 1-21-34, 19... Death is said to have occurred on the date stated above, at 8 1/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Hypertension	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) William Neil Cooper, M. D.

(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. D 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97686 E 97686

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE, (No. 348 N. Stockton St., 15-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thos. J. Bush

(a) Residence: No. 348 N. Stockton St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice R Bush

6. DATE OF BIRTH (month, day, year) 1858

7. AGE: Years 75+ | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) 10 Yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lehigh Co Penn

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Alice R. Bush
(Address) 348 N. Stockton

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 26 1934

19. UNDERTAKER Harmon & Wright
(Address) 1001 Cathedral

20. FILED JAN 26 1934 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on Jan 24 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Senility	

Other contributory causes of importance:

Name of operation ..... Date of ..... 19..

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) A. Polk Brodbrenner M. D.

(Address) 1001 Cathedral

OCCUPATION is very important. See instructions on back of certificate.

M. B. E 97687 ✓ E 97687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. H-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joan Barbara Kuhns

(a) Residence: No. Westminster, St., Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/15/34

7. AGE Years	Months	Days 9	If LESS than 1 day, ... hrs. or ..... min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Joseph Bernard Kuhns

14. BIRTHPLACE (city or town) Taneytown
(State or country) Md

MOTHER

15. MAIDEN NAME Ozela Eckenrod

16. BIRTHPLACE (city or town) Westminster
(State or country) Md

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 25, 1934

19. UNDERTAKER Wm. J. Tschudi & Son
(Address) North & Pace

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1934, to 1/24, 1934.

I last saw h.e alive on 1/24, 1934. Death is said to have occurred on the date stated above, at 4.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation	1/15/34

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. D. Bullenmyer M. D.

(Address) Mercy Hospital Balto. Md.

INSTRUCTIONS: Information called for should be given. Any space which does not apply should be marked "None." PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500 E 97688

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97688

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1 Middleton Court Springlake Way

CITY OF BALTIMORE: (No. Paddington Rd near St. 27-04 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Davis Fawcett

(a) Residence: No. 1 Middleton Court St., Paddington Rd. near Springlake Way Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Baker Fawcett

6. DATE OF BIRTH (month, day, year) October 20, 1800

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer - Lumber

10. Date deceased last worked at this occupation (month and year) 3 years ago

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Florence N.J.

FATHER

13. NAME George Washington Fawcett

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Emily Wickersham

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Mrs. A. J Clarke

(Address) 1 Middleton Court

18. BURIAL, CREMATION, OR REMOVAL

Place Chester, Pa. Date Jan 26, 1934

19. UNDERTAKER Wm. J. Fickett & Son

(Address) North & Pa Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from December, 1930 to January 24, 1934

I last saw him alive on January 23, 1934. death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio sclerotic heart disease (Years + 10 yrs)	DK
Other contributory causes of importance: Benign Prostatic Hypertrophy & chronic cystitis	1930
coronary thrombosis	Jan 1934

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank R. Smith, Jr. M. D.

(Address) 921 N Calvert St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1963-9 E 97689

E 97689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital 131 Registered No.

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Collins

(a) Residence: No. 641 Sterling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A.A	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ....

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland

FATHER

13. NAME Jim Collins

14. BIRTHPLACE (city or town) (State or country) Dorchester Co., Maryland

MOTHER

15. MAIDEN NAME Millie Boston

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland

17. INFORMANT George Collins Colored
(Address) 641 Sterling St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 25 19 34

19. UNDERTAKER W. J. & H. Locke
(Address) 1502 Jefferson St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/15 . 1934 to 1/22 . 1934

I last saw him alive on 1/22 . 1934. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Chr. Nephritis	
Chr. Valvulitis	
Cardiac Decompensation	Indefinite

Other contributory causes of importance:
Advanced Arteriosclerosis

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Carson C. Johnson, M. D.

(Address) 632 Baker St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1281-9 E 97690 ✓ E 97690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH x 121

1. PLACE OF DEATH Lyderham Hospital

CITY OF BALTIMORE: (No. ..... St., 19 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joan Carver

(a) Residence: No. 19 N. Calhoun St., Ward. Savage Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0 0

12. BIRTHPLACE (city or town) (State or country) Worcester, Mass.

FATHER

13. NAME William Carver

14. BIRTHPLACE (city or town) (State or country) Philadelphia Penn

MOTHER

15. MAIDEN NAME Elaine Gilmore

16. BIRTHPLACE (city or town) (State or country) Savage, Md

17. INFORMANT Mrs Carver

(Address) 19 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL Mother Cross Cem. Jan 30 1934

Funeral Parlor

19. UNDERTAKER Lloyd Lange

(Address) Pratt and ...

20. FILED Jan 30 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1934, to Jan 29, 1934

I last saw h[illegible] alive on Jan 28, 1934 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, Right	Jan 21
Myocarditis, Acute, Secondary to Pneumonia	Jan 23

Other contributory causes of importance:

Tuberculosis Appendix

Name of operation Laparotomy Date of Jan 29

What test confirmed diagnosis? C Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Lehman M. D.

(Address) Lyderham Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible] E 97691 ✓ E 97691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH University Hospital Registered No.

CITY OF BALTIMORE: (No. ... St., 19 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Higgs

(a) Residence: No. 21 01 Eduwan a St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katharine C Diggs.

6. DATE OF BIRTH (month, day, year) Dec 3, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shirt Mfgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation..

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME Wm J Diggs

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Catharine E Warren

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Russell Diggs
(Address) 21 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan 26 1934

19. UNDERTAKER John Cottrell
(Address) 208 William

20. FILED JAN 25 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-22-34, 19 ... to 1-24-34, 19 ...

I last saw h[illegible] alive on 1/24/34, 19 ... Death is said to have occurred on the date stated above, at 10.22 a/m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostate adenoma Rectum	
Intestinal obstruction	
Sarcoma Small intestine	

Other contributory causes of importance:

Myocarditis
Chronic nephritis
Uremia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) C. F. Thrown Jr. M. D.

(Address) Univ Hospital

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-1921 MAT 1806 Bk. E 97692

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97692

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3210 (St.) Philadelphia Ave (Ward) 76-01

2-FULL NAME Anna E. Rinham

(a) RESIDENCE NO. 3210 (St.) Philadelphia ave (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm H.

6 DATE OF BIRTH (month, day, and year): Nov. 18, 1869

7 AGE: Years 64 | Months 2 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none 00

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: George H. Hammerbacher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): John F. Rinham 3210 Philadelphia Av.

15 Filed JAN 25 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 23 1934

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1933, to Jan 23 1934.

that I last saw ~~he~~ she alive on Jan 23 1934.

and that death occurred, on the date stated above, at 11 40 A m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Anaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny M.D. M. D.

19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Jan 26 1934

20 UNDERTAKER: John Ulrich

ADDRESS: 2008 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97693 — E 97693

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St. Agnes' Hosp.

CITY OF BALTIMORE: (No. Fulton & Calhoun 1950 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Sarah E. Barber

(a) Residence: No. 325 S. Calhoun St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) May 10 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Sarah Barber

(Address) 325 S. Calhoun

18. BURIAL, CREMATION, OR REMOVAL Pikesville Md

Place St. Charles Date 1/24, 1934

19. UNDERTAKER Geo. A. Foley

(Address) Fulton & Laylate

20. FILED JAN 25 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1934 to Jan. 23, 1934.

I last saw him alive on Jan. 23, 1934. Death is said to have occurred on the date stated above, at 5 35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic.	1/21/34
Uremia.	

Other contributory causes of importance: Hypertrophic Cirrhosis Liver

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Carl Merkel M. D.

(Address) St Agnes Hosp

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GET TRANSCRIPT

M. D. B. 1268-9

97694

HEALTH DEPARTMENT—CITY OF BALTIMORE

97694

CERTIFICATE OF DEATH

93-013

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Edgewood St. 20-01 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick F. Schaefer Jr

(a) Residence: No. 509 Edgewood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 14 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frederick F. Schaefer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catharine D. Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sarah F. Schaefer

(Address) 509 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL

Place Carlton Mem Date 1/27 1934

19. UNDERTAKER Eugene F. Foley

(Address) Easton Md & Sayette

20. FILED ..... 19..... Registrar.

JAN 25 1934 Huntington Williams, R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24 1934

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from Jan. 22nd 1934 to Jan. 24th 1934

I last saw him alive on Jan 23rd 1934 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy, chronic myoclonic form of epileptiform convulsions	About 20 years ago.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Reibel M. D.

(Address) 1124-26 Hanover St 1/25/34

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 97695 ✓ E 97695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 96-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Reed

(a) Residence: No. home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Matilda Reed (Sup)

6. DATE OF BIRTH (month, day, year) June 8, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Louis Mo.

FATHER

13. NAME Henry Reed

14. BIRTHPLACE (city or town) (State or country) Omaha Neb.

MOTHER

15. MAIDEN NAME Letitia Wise

16. BIRTHPLACE (city or town) (State or country) Omaha Neb

17. INFORMANT Friends

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Jan 29-1934

Place Division of Hlg & Sanitation Date January 19 34

19. UNDERTAKER Sahl Chaff & Son

(Address) 38 N Eutaw St.

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1934 to Jan 22 1934

I last saw him alive on Jan 22 1934. Death is said to have occurred on the date stated above, at 6 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 Days
Myocardial failure	1 Day
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I D Nagel, M. D.

(Address) Balt City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 9

AUG 1934

0066

M. D. B. 1066-9

E 97696 ✓ E 97696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Williams

(a) Residence: No. 2 S. Frederick St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3, 1876

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
57	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME Augustus Williams

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Jan 25, 1934

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible], 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1934 to Jan. 22 1934

I last saw him alive on January 22 1934. Death is said to have occurred on the date stated above, at 12 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary edema	2 days
Arteriosclerosis	"
Hypertension	"

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagell M. D.

(Address) Balt City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0067

M. D. B. 1268

E 97697 Holly ✓ E 97697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 545 Pennsylvania St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wesley Hadley

(a) Residence: No. 545 Pennsylvania St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 17 - 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27 96	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Allentown Pa.

FATHER

13. NAME Thomas Hadley

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Edna Adams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edna Finney

(Address) 545 Penna

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/25/, 19 34

19. UNDERTAKER Mrs. Emma H. Collins

(Address) 165 Druid Hill

20. FILED JAN 25 1934, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933 to Jan 22 1934

I last saw h... alive on Jan 22 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis Interstitial	July 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

W... Clinical ... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard Sachs M. D.

(Address) 1020 N Eutaw

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A E 97698

E 97698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV178-001

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Reilly

(a) Residence: No. 1727 Guilford Ave St., Ward. Buried N. H.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Reilly

6. DATE OF BIRTH (month, day, year) April 4/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	48	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Reilly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Reilly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Reilly

(Address) 38 Broadway St Brooklyn N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Brooklyn N.Y. Date 1/25 1934

19. UNDERTAKER Millard E. Cooke

(Address) 1219 E. Fayette St

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Pneumonia

Asphyxiation by Illuminating Gas Sudden

Date of onset

Other contributory causes of importance:

Accident

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Fenton M. D.

Coroner

(Address) 700 E Chase

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E-97699

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-97699

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 15-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Arlson

(a) Residence: No. 1348 N Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Arlson

6. DATE OF BIRTH (month, day, year) Dec 25 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NC

FATHER

13. NAME Joseph Walker

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Mary Hall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mary Walker
(Address) 134 N Fremont

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Jan 26 1934

19. UNDERTAKER George P. Gibson
(Address) 1735 Pennsylvania Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ... 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) D P Stevens MD ... M. D.
Coroner
(Address) 1305 N Patterson Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1266-9 E 97700

E 97700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Linden Ave St., 13-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur J. Jacobs

(a) Residence: No. 2400 Linden ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color: Colored | Race | 5. Single, Married, Widowed, or Divorced (write word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Era E. Jacobs

6. DATE OF BIRTH (month, day, year): Dec, 11-1896

7. AGE: Years: 37 | Months: 11 | Days: 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 870

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Thomas Jacobs

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Era Silver

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Era E. Jacobs
(Address) 2400 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Cem. 1/25 1934

19. UNDERTAKER: Bernard P. Hamsley
(Address) 8 E. Preston St Balto Md

20. FILED JAN 23 1934 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-21- 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Valvular disease of the heart.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. ... Coroner, M. D.
(Address) 363 Roland ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826-24-40th St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Euritta Schaefer

(a) Residence: No. 826-24-40th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. H. Schaefer

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER

13. NAME Wm Morfoot

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME Mary Tracey

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT J H Schaefer
(Address) 826-24-40th St

18. BURIAL, CREMATION, OR REMOVAL
Place Jacobs M-E Cem-Catonsville Md Date 1/26, 1934

19. UNDERTAKER P. J. Tuby Sr
(Address) 1316 Eight St

Co. Sec'y. Registrar.

JAN 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1933 to Jan 24th, 1934

I last saw h[er] alive on Jan. 22nd, 1934. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1933

Other contributory causes of importance:

Name of operation —— Date of ——

What test confirmed diagnosis? —— Was there an autopsy? ——

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ——

If so, specify ...

(Signed) J. A. Gaylard, M. D.

(Address) 300 N Calvert St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 3

M. D. B. 1268-9

E 97702

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97702

√11-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 870 W. Lombard St., 18-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ollie A Hannson

(a) Residence: No. 870 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett Richardson

6. DATE OF BIRTH (month, day, year) Aug 31 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	4	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Human Hospt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Charles Hannson

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Harriett Hannson
(Address) 870 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Jan 26, 1934

19. UNDERTAKER John F Eckert Son
(Address) 601 Hollins St.

20. FILED JAN 25 1934 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24/ , 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15. , 1934 to Jan. 24. , 1934

I last saw h in alive on Jan. 24. , 1934 Death is said to have occurred on the date stated above, at 2:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia,	1/20/34
Other contributory causes of importance:	
Acute La Grippe,	1/15/34

Name of operation None Date of —

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) John Lordan, M. D.

(Address) 844 Eutaw Pl.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97703

E 97703 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Gold St., 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. .... mos. .... da. How long in U. S. If of foreign birth? .... yrs. .... mos. .... da.

2. FULL NAME Alexander Trimmell

(a) Residence: No. 402 Gold St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Head Locker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manh B.C. Club

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alexander Trimmell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Bowen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Fannie Trimmell
(Address) 617 Gilbert, Dy

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date 1/26/34

19. UNDERTAKER Samuel F. Shandler
(Address) 5784 Berlin
Huntington Williams Nat

AN 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1933, to Jan 23, 1934

I last saw h.. alive on Jan 22, 1934 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Cardiac decompensation	Oct 1933
aortic insufficiency	
aortitis -	

Other contributory causes of importance:

Syphilis -

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry R. McCarley M. D.

(Address) 37 W Preston St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97704

97704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARY KING DIGGS Mrs. Richard H. Diggs

(a) Residence: No. 104 N. Oakdale Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Richard H. Diggs

6. DATE OF BIRTH (month, day, year) July 23, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nichols Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary King

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Patient and Relatives

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 27 1939

19. UNDERTAKER Undertaker Not Selected

(Address) 4712 Broadway

20. FILED JUN 25 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 1939

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1933, to June 25 1939

I last saw her alive on June 25 1939. Death is said to have occurred on the date stated above, at 1:25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	1931
Intestinal Obstruction	Dec 27, 1933

Other contributory causes of importance:

Myocardial Failure	June 19, 1939

Name of operation Cholecystectomy 12-26-33 Entero-enterostomy (1-2-34) Jejunostomy (1-11-34) Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Kadon, M. D.

(Address) Union Memorial Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 25 1934

M. D. B. 1268-0

E 97705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97705

157-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gary M. Burnett

(a) Residence: No. 5002 Belleviste Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 11-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		14 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Norman Burnett

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Edna Dugan

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Norman Burnett

(Address) 5002 Belleviste Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 26 1938

19. UNDERTAKER John Gelbach's Sons

(Address) Frost & Lemmon Huntington Williams Funeral Home

20. FILED ... 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1938 to Jan 25 1938

I last saw him alive on 1/25 1938 Death is said to have occurred on the date stated above, at 8 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	
Other contributory causes of importance: Congenital cerebral defect	

Name of operation Pantochromic spinal flow Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J. M. Wagneller M. D.

(Address) St. Joseph's Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 3

JAN 25 1938

M. D. B. 1268-0

E 97706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1731

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at 8-01
CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Hilda Anderson

(a) Residence: No. 1804 N. Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Anderson

6. DATE OF BIRTH (month, day, year) Dec 29/1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22 23	0	25 26	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

FATHER

13. NAME Joseph W. Littrill
14. BIRTHPLACE (city or town) (State or country) Stafford Co., Va.

MOTHER

15. MAIDEN NAME Dora I. Shackelford
16. BIRTHPLACE (city or town) (State or country) Fredericksburg, Va.

17. INFORMANT Dora Littrill (mother)
(Address) Fredericksburg, Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Fredericksburg Va. Date Jan 26 1934

19. UNDERTAKER John E. Miller
(Address) 1235 E. Baltimore St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 24/34

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol shot thru heart & lung	Jan 24/3

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 1/24/34
Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home.
Manner of injury Shot fired by husband.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) ... M. D.
(Address) ...

yes OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 97707

E 97707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 Mt. Royal Ave 14-01 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Watkins Emery

(a) Residence: No. 1517 Mt. Royal Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Hall B. Emery

6. DATE OF BIRTH (month, day, year) Sept 4th 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm E. Watkins

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ida V. Price

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hall B. Emery

(Address) 1517 Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 27th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 29 1934 21. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1 1933 to Jan 25 1934

I last saw her alive on Jan 25 1934 Death is said to have occurred on the date stated above, at 12.5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Ovary Primary	1933

Other contributory causes of importance:

Carcinoma of Liver	1933
Diabetis Mellitus	1933

Name of operation ... Date of ...

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) G. W. Billings M. D.

(Address) 2224 W. North Ave

V S 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 97708 E 97708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 10-A Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Denville James France

(a) Residence: No. 1034 N. Central Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa France

6. DATE OF BIRTH (month, day, year) 7-19-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) E. Shore Md

FATHER

13. NAME James France

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Catherine Mebatal

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Balto City Hospt. (Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date Jan 27th 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

JAN 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1933 to 1-25 1934

I last saw him alive on 1-24 1934 Death is said to have occurred on the date stated above, at 4:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma right parotid gland	1 yr
Other contributory causes of importance: Bronchopneumonia right base	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, state .....

(Signed) H. P. Bonner M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

M. D. B. 1268-A

E 97709

E 97709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5101 (Street) Arabia Ave (Ward) 27-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Isaac Way

(a) Residence: No. 5101 Arabia Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of: Margaret E Way

7. DATE OF BIRTH (month, day, year): Aug-13-1865

8. AGE: Years 68 | Months 5 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R.R. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ~~Farma~~ R.R.

10. Date deceased last worked at this occupation (month and year): June 21-1933

11. Total time (years) spent in this occupation: 46

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: George E. May

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Jane Herlock

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Margaret E. May
(Address) 5101 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date 1/27/34

19. UNDERTAKER: William Cook
(Address) 1217 St Paul St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1933 to Jan 24, 1934

I last saw him alive on Jan 23 1934 Death is said to have occurred on the date stated above, at 4:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	3 days
myocardial insufficiency	
Degeneration Spinal sclerosis	Indefinite

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Jno B. Sybert M. D.

(Address) 2302 Harford Ave

14

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ys 3

JAN 26 1934

M. D. R. 1264-B

E 97710 E 97710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Thomas

(a) Residence: No. 224 S. Calhoun St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sweeper 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Erlanger Underwear Mfg.Co

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Fritz Thomas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie Tumin

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George A. T. Seelye

(Address) 1239 Sargeant St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Jan. 27 19 34

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24 19 34

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw her alive on ... 19... Death is said to have occurred on the date stated above, at 7.30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	
Other contributory causes of importance: Myocardial Failure	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) T. Sterling M.D. M. D.

(Address) 1305 N. Patterson Park Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 97711

E 97711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3726 E Lombard St. 2 Ward)

Length of residence in city or town where death occurred 75 yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Roemer

(a) Residence: No. 3726 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Roemer

6. DATE OF BIRTH (month, day, year): Nov. 26/1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 98

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: — — Roemer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Ida Heil

(Address) 3726 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Hill Cemetery Date Jan 26 1934

19. UNDERTAKER: Philip Henrig Sons

(Address) 2016 Eastern Ave

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 23. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15-34 19 ... to Jan 23-34 19 ... I last saw h... alive on Jan. 23-34 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	6 mos

Other contributory causes of importance: none

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify ...

(Signed) L. H. Herman M. D.

(Address) 2913 E. Baltimore St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 26 1934

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 9712

CERTIFICATE OF DEATH

131 E 9712

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 157 W. Henrietta St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella R. Monroe

(a) Residence: No. 157 W Henrietta St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) — 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Hinson Piney

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Frances Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Isabella Faust
(Address) 157 W Henrietta St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 28. 1934

19. UNDERTAKER James A Stayes
(Address) 1424 Mt. Street

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1934 to Jan 24 1934
I last saw her alive on Jan 24 1934. Death is said to have occurred on the date stated above, at 5 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Interstitial Nephritis	

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John H. Thompson M. D.
(Address) 1012 N. Fayette St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Margaret Grey

E 97713

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97713

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 W. Mulberry St. 70-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Grey

(a) Residence: No. 1835 W. Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin W. Grey

6. DATE OF BIRTH (month, day, year) Oct 12, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Anthony Zelanka

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Justine Wassel

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Loretta Grey

(Address) 1835 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 29, 1934

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Fallsway

20. Filed JAN 29 1934, 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25, 19 34

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1934 to 1/25, 1934

I last saw her alive on 1/25, 1934. Death is said to have occurred on the date stated above, at 8.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac failure	1/24/34
Other contributory causes of importance: Chronic Cardio-Vascular Renal Disease.	5 yrs
Generalized Carcinoma	6 mos

Name of operation ... Date of ...

What test confirmed diagnosis Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Joseph A. Kaufkaitis M. D.

(Address) 679 Washington Blvd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

JAN 29 1934

M. D. B. 1268-9 E 97714

E 97714

HEALTH DEPARTMENT—CITY OF BALTIMORE

35

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 26-41 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith Doyle

(a) Residence: No. 3821 Philadelphia Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L. Doyle.

6. DATE OF BIRTH (month, day, year) Nov. 3rd 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Harry Sauft

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Loeffler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph L. Doyle Husband
(Address) 3821 Philadelphia Road

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 27 1934

19. UNDERTAKER Lilly & Zurler Inc.
(Address) 401 N. S. Wolfe St

20. FILED JAN 26 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1934 to Jan. 24 1934

I last saw h.. alive on Jan. 24 1934 Death is said to have occurred on the date stated above, at 11:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Peritonitis	1-22
Edema of epiglottis	1-22

Other contributory causes of importance:

Obesity	?
Chronic Myocarditis	?

Name of operation Exploratory drainage Date of 1-23

What test confirmed diagnosis? Was there an autopsy? Y-S

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.

(Address) Sinai Hospital

V S 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97715

E 97715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jonh Hopkins Hospital St., 3-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William O Mc Kenna.

(a) Residence: No. 524 N Potomac St, St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Mc Kenna

6. DATE OF BIRTH (month, day, year) Feb. 11 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wachman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Robinson Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Robert Mc Kenna

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Maryann Cummings.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Rose Mc Kenna (Wife)
(Address) 524 N Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place First Evangical Date Jan. 27 1934

19. UNDERTAKER Lilly & Zuler due
(Address) 753 S. Mount St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3.30 Am. 3.15

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Coronary Occlusion	
(Heart)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos. A Price M. D.
Coroner

(Address) 508 E Fayette

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 97716 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-80 E 97716

1. PLACE OF DEATH — 2-Years. 10-01

CITY OF BALTIMORE: (No. 712 E. Biddle Street, 10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A. Holmes

(a) Residence: No. 712 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bridget A. Holmes

6. DATE OF BIRTH (month, day, year): May 8, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brass finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John Holmes

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Bridget Holmes
(Address): 712 E. Biddle Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross. Date: Jan. 27 1934

19. UNDERTAKER: Rita Wudefeld
(Address): 914 Greenmount Ave.

FILED ..... 19..... Registrar

JAN 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934 to Jan 24, 1934

I last saw him alive on Jan 23, 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Cardiac Arteria	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Albert L. Levy, M. D.

(Address) 727 E. Preston St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 9771?

HEALTH DEPARTMENT—CITY OF BALTIMORE

9771?

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH (a) Usual residence: No. 1200 Valley St., Ward. (If non-resident give city or town and State)

(b) Occurred in: CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-21 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Dolan

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 5 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Thomas Dolan

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Anne Eynehan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus Supr. (Address) Little Sisters of the Poor 1200 Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place St Vincents Date Jan 27, 1934

19. UNDERTAKER Rita Weddfield (Address) 914 Drummond Ave

20. FILED JAN 29 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1933 to Jan 27 1934

I last saw her alive on Jan 27, 1934. Death is said to have occurred on the date stated above, at 2.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	?
Other contributory causes of importance:	
Arteriosclerosis	?
Chr. Nephritis	?

Name of operation None Date of None

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Corbin, M. D.

(Address) 111 Harrison Ave

M. D. B. 1208-9

E 97718 ✓ E 97718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH Provident Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Estella M. Lenwick

(a) Residence: No. 1618 E. Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of George Lenwick

6. DATE OF BIRTH (month, day, year) Nov. 1 1888

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sadie Robinson

16. BIRTHPLACE (city or town) (State or country) Bath Ga

17. INFORMANT Geo Lenwick

(Address) 1618 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Edbury Cem Date 1/29/34

19. UNDERTAKER Robert T. Williams

(Address) 1515 McCulloh St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1934 to Jany 25, 1934

I last saw h[illegible] alive on Jany 25 1934 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Mucosa of Bladder	about 3 mos

Other contributory causes of importance:

Name of operation None — Date of

What test confirmed diagnosis? Cystoscopic — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bradham Stigon M. D.

(Address) Provident Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vol 3

Cor.—10-10-29—A Co.—100 Blks.

E 9719

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 9719

CERTIFICATE OF DEATH

95-002

1-PLACE OF DEATH

City of Baltimore: (No. 2617 Kirk Ave. St.,) 9-01 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie I. Evans

(a) RESIDENCE NO. 2617 Kirk Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 8 mos. 9 da. How long in U. S., If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ridgley B. Evans

6 DATE OF BIRTH (month, day, and year) May 14-1885

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48	8	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Saleslady
(b) Genecal nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Stewart & Co.

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Robat Wheeler

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Josephine Foreman

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Ridgley B. Evans
(Address) 2617 Kirk Ave.

15 Filed ..... 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) about 11 P.M. Jan. 23 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry) find that said deceased came to net death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio-nephritic disease

Hypertension-cardiac hypertrophy

(duration) ? 2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R. H. Sellers M. D.

1/24/34 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL Jan 26 1934

20 UNDERTAKER Horace F. Burgee — ADDRESS 363 Falls Road

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-A E 9720 Mc Faul ✓ E 9720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St., 13-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Mary E. Mc Faul

(a) Residence: No. 4023 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William N. Mc Faul

6. DATE OF BIRTH (month, day, year) Oct. 5 - 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

FATHER

13. NAME William W. Baltrider

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah V. Boring

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William F. Mc Faul

(Address) 4023 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan. 27. 1934

19. UNDERTAKER Horace F. Burged

(Address) 3631 Falls Road

20. FILED JAN 30 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934, to Jan. 24, 19..

I last saw him alive on January 24, 1934. Death is said to have occurred on the date stated above, at 1.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis post operative acute	2½ days
p.p. operative pneumonia acute	1 day
Myocardial failure	1 day

Other contributory causes of importance:

reaction to intravenous glucose	1 day

Name of operation Cauterization of cervix Date of Jan 19

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Beverley C. Compton M. D.

(Address) Womans Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97721

CERTIFICATE OF DEATH

82-0E 97721

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier No.3 Locust Point St., 70-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry M. Kelly.

(a) Residence: No. 2201 Booth St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of Julia E. Kelly

6. DATE OF BIRTH (month, day, year) October 26, 1863

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	70	2	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Julia Kelly. (wife)
(Address) 2201 Booth St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Jan. 26 19 34

19. UNDERTAKER Harry L. Pritzlaff
(Address) 410 E. Lanvale ave.

20. FILED JAN 28 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto M Reinhardt Coroner, M. D.

1/24/34 (Address) 1017 E. Charles st.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

use

M. D. B. 1268-0

E 97722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97722

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Straney

(a) Residence: No. 867 Rumsland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friends

(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 1/25 19 34

19. UNDERTAKER Fort & Brooks & Son

(Address) Baltimore Md

20. FILED JAN 26 1934 21. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1928 to Jan 21 1934

I last saw her alive on Jan 21 1934 Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial Insufficiency	?

Other contributory causes of importance:

Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. D. Magill M. D.

(Address) Balt City Hosp

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97723

E 97723

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6400 Old Harford Rd St., 27-21 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Jacob

(a) Residence: No. 6400 old Harford Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	~~5. Single~~, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Jacob

6. DATE OF BIRTH (month, day, year) Nov 30 1855

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	78	1	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Strausburg Pa

FATHER

13. NAME Gustus Rumpf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Braun

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs John F Jacob

(Address) Pikesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Lakewood Cem Date Jan 26 1934

19. UNDERTAKER F J Tschudy & Sons

(Address) Baltimore Md

20. FILED JAN 26 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1934

22. I HEREBY CERTIFY, That I attended deceased from January 16th 1934 to January 23rd 1934

Last saw her alive on January 23rd 1934 Death is said to have occurred on the date stated above, at 8:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	21
Other contributory causes of importance: Endocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Amelia E Jacob M. D.

(Address) 1717 N Caroline St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 5 3

M. D. B. 1268-9

E 97724

E 97724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 N. Pulaski St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Freedman

(a) Residence: No. 1543 N. Pulaski St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Levy Freedman

6. DATE OF BIRTH (month, day, year) April 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Sinsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Celia Forman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Levy Freedman

(Address) 1543 N. Pulaski st.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Rd Date Jan 26. 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1122 E Balto st

20. FILED [illegible] 19 JAN 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 15, 34 to Jany 25, 1934

I last saw her alive on Jany 14, 1934. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Oesophagus with Mets	

Other contributory causes of importance:

Asthenia	2 mos

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jas L. Hooker, M. D.

(Address) 337 E. Monument

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 97725

97725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 E Chase St., 8-01 Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Bennett Bacon

(a) Residence: No. 1734 E. Chase St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward L Bacon

6. DATE OF BIRTH (month, day, year) Feb 22, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's Co. Maryland

FATHER

13. NAME Benj Tolwell

14. BIRTHPLACE (city or town) (State or country) St Mary's Co. Maryland

MOTHER

15. MAIDEN NAME Polly Bennett

16. BIRTHPLACE (city or town) (State or country) St Mary's Co. Md.

17. INFORMANT Mr. Allan F. Bacon (Address) Riverdale Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cem. Date 1/27/1934

19. UNDERTAKER G T Heppeard & Son (Address) 32 S. Broadway

20. FILED JAN 30 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25/1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1933 to Jan 25, 1934

I last saw h[illegible] alive on Jan 24, 1934. Death is said to have occurred on the date stated above, at 7:20 a.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1932

Other contributory causes of importance:

Cirrhosis of liver	1933

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

V S 3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97726

71-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Ida Margolis

(a) Residence: No. 2416 Liberty Heights ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isreal

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isreal Margolis
(Address) 2416 Liberty Heights

18. BURIAL, CREMATION, OR REMOVAL
Place Suthern ave Date 1-26-34

19. UNDERTAKER Jack Lewis Bro
(Address) 1439 E. Balto st

20. FILED JAN 26 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 6:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic Anaemia	
Acute nistory	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. Bacon Coroner, M. D.

(Address) 508 E Monument

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1[illegible]-9 E 97727

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97727

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? 40 yrs. ___ mos. ___ ds.

2. FULL NAME Rebecca ~~Levine~~ Herman

(a) Residence: No. 2666 Oswego Ave St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ~~Harry~~ Jack Herman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Max

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Freda Masses

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Sam Schreiber
(Address) 4508 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL
place New Washington Pa Date 1/28/34 19

19. UNDERTAKER Jack Levy Inc
(Address) 1439 E. Balto St.

20. FILED ___ 19___ ___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25/34 19

22. I HEREBY CERTIFY, That I attended deceased from ___ 19___ to ___ 19___

I last saw h___ alive on ___ Death is said to have occurred on the date stated above, at 7:35 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal-vascular Disease	
Uremia	1/24/34

Other contributory causes of importance:

Fractured of left Femur	Dec 27
Application of cast	

Name of operation ___ Date Dec 12/33

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 1/27/34 19

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street

Manner of injury Slipped on ice on sidewalk

Nature of injury in front of home

24. Was disease or injury in any way related to occupation of deceased?
___ If so, specify ___

(Signed) S H Bacon M. D.
Coroner

(Address) 506 E Monument

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12659 E 97728 E 97728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

A 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? 10 yrs. mos. ds.

2. FULL NAME Rachael Bass

(a) Residence: No. 127 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Bass

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Herring Run Date 1/26/34. 19

19. UNDERTAKER Jack Levin Inc.
(Address) 1439 E. Balto. St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1934 to Jan 26 . 1934
last saw h. alive on Jan 26, 1934 Death is said to have occurred on the date stated above, at 4.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Type undetermined)	Jan 20
Cardiac insufficiency	2
Cardiac hypertrophy	c
Dilatation	

Other contributory causes of importance:

Arteriosclerosis	
Senility (advanced)	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert J. Hemelfarb M. D.
(Address) Sinai Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

AaCo. 5-31 250B

E 97729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97729

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 S. Chapel Street St. 2-01 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S. If of foreign birth? 41 yrs. mos. ds.

2. FULL NAME Michalina Kruszynski

(a) Residence: No. 533 S. Chapel Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kazimierz Kruszynski

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Michael . Baranowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Kazimierz Kruszynski
(Address) 533 S. Chapel Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 29 1934

19. UNDERTAKER John M Kelly
(Address) 401 S. Chester St

20. FILED JAN 30 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23 1934 to Jan. 25 1934

I last saw her alive on Jan 24, 1934 death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Insufficiency (Non Organic),	
Myocarditis ?	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Baranowski, M. D.

1/25/34 (Address) 2579 Eastern Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. R. 1268-9

E 97730

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97730

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Mercy Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPH P. GUARINO.

(a) Residence: No. 1221 W. North Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15th, 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Francis J. Guarino

14. BIRTHPLACE (city or town) (State or country) Balto, Md,

MOTHER

15. MAIDEN NAME Lillian B. King.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Francis J. Guarino
(Address) 1221 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery, Date January 27 1934

19. UNDERTAKER Black & Francis Son
(Address) 116 W. Mt. Royal Ave.

20. FILED JAN 29 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25th 34

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 . to 19

I last saw h alive on Jan. 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Crushed Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation not — Date of

What test confirmed diagnosis? not — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1, 25 . 1934

Where did injury occur? Pratt & High St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which he was riding collided with another

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph P. Kenny Coroner M. D.
(Address) 2208 E. Monument St.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1206-A E 97731 E 97731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Valley St St. 10-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martin J. Kune

(a) Residence: No. 1103 Valley St. St., ... Ward. 10th

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Mar. 27, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62 yrs	9 mo	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturer for Self

10. Date deceased last worked at this occupation (month and year) Aug. 1933

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Lawrance Kune

14. BIRTHPLACE (city or town) Baltimore (State or country) Germ.

MOTHER

15. MAIDEN NAME Mary E. Klinger

16. BIRTHPLACE (city or town) Reading Pa (State or country)

17. INFORMANT Miss Anna Kune Sister

(Address) 1103 Valley st.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date Jan 27, 1934

19. UNDERTAKER Edgar W. Garkle

(Address) 924 E Eager St.

20. FILED ... By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1933 to Jan 26 1934

I last saw him alive on Jan 25 1934. Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Cardiac & Respiratory Paralysis	Jan 26
Other contributory causes of importance: Pulmonary Neoplasm with Cardiac Displacement	Aug 1 33

Name of operation ... Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. E. Kerner M. D.

(Address) 1201 N. Eutaw St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12690 E 97732 E 97732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Mc. Henry St. 14-05 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 20 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Biles

(a) Residence: No. 1825 Mc. Henry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Biles

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57 yrs	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchandise
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John W. Biles
14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Amelia Swarzes
16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Grace Biles
(Address) 1825 Mc. Henry St

18. BURIAL, CREMATION, OR REMOVAL
Place Castwright Cemetery Date Jan 29th 1934

19. UNDERTAKER C. J. Jones
(Address) 1121 Gilmor St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 . 1934 to Jan 25 . 1934

I last saw him alive on Jan 24 . 1934. Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation & pulmonary edema -	1 day.
Other contributory causes of importance: Chronic myocarditis & hypertension	14 yr.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Andrew E. Calas M. D.

(Address) 4 N. Fulton

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 93733

93733

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3621 Fairview Ave St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 72 yrs. ..... mos. ..... ds.

2. FULL NAME Lena Sklar

(a) Residence: No. 3621 Fairview Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jos. Goldstein

(Address) 3621 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date 1/26 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Baltimore St

Huntington Pittsburg, Pa

20. FILED 1/26 19 34 Registrar.

N 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Coronitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Gorsch, M. D. Coroner

(Address) Coroner

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. 2 1268-9

E 97734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97734

Registered No. 9

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (Ward) Provident Hosp. St 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley Clark.

(a) Residence: No. 904 N. Eutaw St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 25-1933

7. AGE Years 10 Months 27 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Herbert Clark.

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Bernett Price.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Herbert Clark.
(Address) 904 N. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemty Date 1/26 1934

19. UNDERTAKER Chas. H. Price & Son
(Address) 1300 Druid Hill Ave.

20. FILED 1934 Registrar.

N 261934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The prinripal cause of death and related causes of importance were as follows: Whooping Cough 14 Days

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Lusk Coroner M. D.

(Address) Coroner

Exact statement of OCCUPATION is very important. See instructions on back of certificate. DEATH in plain terms, so that it may be properly classified.

A&Co. 5 11 2108

E 97735 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 97735

108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1045 S. S Hanover St. 23-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leola Harding

(a) Residence: No. 1045 S Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Washington Harding

6. DATE OF BIRTH (month, day, year) Mar - 15 - 1898

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	35	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farm S. Carolina

FATHER

13. NAME Jerry Gill

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Eliza Williams

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Washington Harding
(Address) 1045 S Sharp

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Date 1/25, 1934

19. UNDERTAKER Walter B. Suggs
(Address) 1128 Hamburg St.

20. FILED Jan 26 1934 Thurlington Phillipus, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan - 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan - 20, 1934, to Jan - 24, 1934
last saw h er alive on Jan 23, 1934 death is said to have occurred on the date stated above, at 10 a, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute lobar Pneumonia	1/20/34

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dan Francheni M. D.
(Address) 1212 W Fay

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 20 1934

M. D. B. 12[illegible]

E 97736

E 97736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18-24 St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1½ ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Coates

(a) Residence: No. 921 Mulberry St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Archie Coates

14. BIRTHPLACE (city or town) (State or country) St Leonards, Md

MOTHER

15. MAIDEN NAME Savinia Mason

16. BIRTHPLACE (city or town) (State or country) St Leonards Md

17. INFORMANT Savinia Coates

(Address) 921 Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Jan 26th 1934

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1934 to Jan 19 1934

I last saw h.im. alive on Jan 19 1934 Death is said to have occurred on the date stated above, at 10 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Cerebral Injury	1-18-34
Ruptured Liver	1-18-34
Congenital anomaly-heart	

Other contributory causes of importance:

Prolonged Labor

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. W. Donduce M. D.

(Address) Uniuersity Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0073

M. D. B. 1268-9

E 97737

97737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH — 4304 Valley View Lane

CITY OF BALTIMORE: (No. Bathene St. 26-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Bathene Reuter

(a) Residence: No. 4304 Valley View St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — Peter John A. Reuter

6. DATE OF BIRTH (month, day, year) — May 9 - 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation — 0 37

12. BIRTHPLACE (city or town) (State or country) — Germany

FATHER

13. NAME — Peetz

14. BIRTHPLACE (city or town) (State or country) — Germany

MOTHER

15. MAIDEN NAME — ?

16. BIRTHPLACE (city or town) (State or country) — Germany

17. INFORMANT — John A. Reuter Jr.

(Address) 3807 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 29, 1934

19. UNDERTAKER — Lilly & Zeller Inc.

(Address) 403 S. Dallas St.

20. Filed JAN 30 1934 Thurston Williams M.D. Registrar.

No. 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — 1/25/1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to Jan 25, 1934

I last saw h. alive on Jan 25, 1934 Death is said to have occurred on the date stated above, at 9:48 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 34

Other contributory causes of importance:

Arteriosclerosis	

Name of operation — None Date of

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. E. Hackney M. D.

(Address) 1301 N. Rat PK

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 9.738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 9.738

186-001

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Hattie Cunningham

(a) Residence: No. 3106 Spaulding Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept-21-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME John W. Cunningham

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Elizabeth Young.

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mr T. H. Johnston

(Address) 2303 Monday Mineral

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 26 1934

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED JAN 26 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1933 to Jan. 24, 1934

I last saw her alive on Jan. 24, 1934 Death is said to have occurred on the date stated above, at 8:20 P.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial disease	

Other contributory causes of importance:

Senility
Fracture of left humerus, radius, ulna

Operation None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury Nov. 16 1933

Where did injury occur? Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In the home

Manner of injury Fell down stairs

Nature of injury Fracture humerus, radius, ulna

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John B. Young M. D.

(Address) 1 W. 16th St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 26 1934

AdCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97739

CERTIFICATE OF DEATH

106 E 97739

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 Rosecroft Terrace 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth J. Lohrmann

(a) Residence: No. 421 Rosecroft Terrace Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 1, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME George W. Lohrmann

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Pearl E. Mitchell

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT George W. Lohrmann

(Address) 421 Rosecroft Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 1-29, 1934

19. UNDERTAKER Margaret F. Flynn

(Address) [illegible]

20. FILED JAN 26 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934, to Jan 26, 1934

I last saw h[illegible] alive on Jan 25, 1934 death is said to have occurred on the date stated above, at 4.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	Jan 22

Other contributory causes of importance:

Teething + Convulsion.

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. A. Schaefer, M. D.

(Address) 412 W. Mulberry St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 97740

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97740

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE MD St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Fred Payton

(a) Residence: No. 2506 Hamilton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate Payton

6. DATE OF BIRTH (month, day, year) Jan. 1-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70 70		26 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar & Tobacco 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Proprietor of Store

10. Date deceased last worked at this occupation (month and year) 1916

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Birmingham Eng.

FATHER

13. NAME Henry Payton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Fail

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Kate Payton
(Address) 2506 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Jan 27. 1934

19. UNDERTAKER C. E. Branch
(Address) 502 Madison Ave

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 12 1934 to January 25 1934
I last saw h[illegible] alive on January 25 1934 Death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Appendicitis-acute	1-11-34
2. Generalized peritonitis	1-14-34
Other contributory causes of importance:	
1. Paralytic ileus	1-23-34

Name of operation appendectomy Date of 1-13-34

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, state .....

(Signed) J. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Information should be carefully supplied. All items should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 3

No 26 1934

M. D. B 1268-C

E 97741

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 97741

CERTIFICATE OF DEATH

X 186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose A. Magsamen

(a) Residence: No. Stemmer's Run St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daniel

6. DATE OF BIRTH (month, day, year) April 15/1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md

FATHER

13. NAME Joseph Kahler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Magsamen
(Address) Stemmer's Run

18. BURIAL, CREMATION, OR REMOVAL
Place Zion Lutheran Cem Date 1/29 19 34

19. UNDERTAKER Frederick Lassahn & Son
(Address) 7401 Belair Rd.

20. FILED JAN 26 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 25/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock	
Arteriosclerosis	
Senile Dementia	

Other contributory causes of importance:

Fractured left arm (upper)	Jan 21/

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jan 21/34
Where did injury occur? Stemmers Run Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Fell while wandering in field in rear of her home.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Price Coroner M. D.
(Address) 508 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5712 O'Donnell St., 1E-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J Laukemann

(a) Residence: No. 5712 O'Donnell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Laukemann

6. DATE OF BIRTH (month, day, year) June 29 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	57	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery

10. Date deceased last worked at this occupation (month and year) 1

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Laukemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lentnacon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Laukemann
(Address) 5712 O'Donnell St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Jan. 27 1934

19. UNDERTAKER Henry Sauder & Sons Inc
(Address) Baltimore & Boyd Sts Huntington Avenue, Md

JAN 27 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Kenny M. D.
Coroner

(Address) 205 N Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 97743 ✓ E 97743

HEALTH DEPARTMENT—CITY OF BALTIMORE 131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2711 Maisel St. ST. 25-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Gerhardt.

(a) RESIDENCE NO. 2711 Maisel St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced, wife of Daniel Gerhardt.

6 DATE OF BIRTH (month, day, and year) November 1, 1860

7 AGE	Years	Months	Days 24	If LESS than 1 day, hrs. or min.
	73	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER -----Chrisoll.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ellen -------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Nellie Pollack. (sister-in law)

(Address) 2711 Maisel St.

15 Filed ..... 19 ..... Registrar

1271934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 25, 1934

17

I HEREBY CERTIFY, That I attended deceased from December 5th, 1933, to January 24th, 1934, that I last saw her alive on January 24th, 1934, and that death occurred, on the date stated above, at 8.10 p. m.

The CAUSE OF DEATH* was as follows:

Organic disease of the heart and kidneys.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What was confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M. Reinhardt, M. D.

1/29/34 (Address) 1017 St. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL 1-29-1934

20 UNDERTAKER E & B Hasle

ADDRESS 115 E West St

Spec.—1-10-21—M&T—1500 Bks.

E 97744

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97744

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1732 Light. ST. 23-01 WARD)

2-FULL NAME John. A Hammel

(a) RESIDENCE NO. 1732 Light ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 10 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary. Hammel.

6 DATE OF BIRTH (month, day, and year): March 15 1879

7 AGE — Years: 54 — Months: 10 — Days: 9 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chipper at fdy

(b) General nature of industry, business, or establishment in which employed (or employer): Kennedy Iron

(c) Name of employer: Foundry.

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Peter Hammel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Eva. Volk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Richd Franklin (Address) 4322 Eutaw Pha Rd (Hamilton)

15 271934 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 24, 1934.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1932 to Jan. 24, 1934.

that I last saw h im alive on Jan. 23, 1934.

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis. mitral insufficiency. arterial tension

(duration) 1 yrs. 3 mos 28 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - -

Was there an autopsy? no

What test confirmed diagnosis? p. f.

(Signed) Harry Deibel, M. D.

1/26, 1934 (Address) 1224-1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross a a Cs. DATE OF BURIAL: 1-27-34

20 UNDERTAKER: E & B Hurle 115 E West St ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 97745 ✓ E 97745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 E. Biddle St., 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Millie Owens

(a) Residence: No. 1305 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Owens

6. DATE OF BIRTH (month, day, year) April 17, 1807

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26 27	9	10 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

070

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Benjamin Henson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Martha Hammond

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Martha Henson

(Address) 1305 E Biddle

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 1/28, 1934

19. UNDERTAKER Byron & Harris Wright

(Address) 1218 N. E. Eldridge st

20. FILED ~~Health Officer~~ Registrar.

JAN 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934 to Jan 24, 1934

I last saw her alive on Jan 23, 1934 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about Sept '33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. M. Wright, M. D.

(Address) 1610 S. Fulton Ave.

Information should be given by relative, or other person who knew the facts. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

97746

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 22-01 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Stewart

(a) Residence: No. 811 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 20, ?

7. AGE: Years 43 ? Months 9 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Docks

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): London Co Va

FATHER

13. NAME: George Henry Stewart

14. BIRTHPLACE (city or town) (State or country): London Co Va

MOTHER

15. MAIDEN NAME: Elizabeth Thompson

16. BIRTHPLACE (city or town) (State or country): London Co Va

17. INFORMANT: Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 27 1934

19. UNDERTAKER: James A Hayes
(Address) 1442 W North Ave
Thurlington Williams Asst. Secretary.

20. FILED JAN 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934, to Jan 25, 1934. Death is said I last saw him alive on Jan 25, 1934. Death is said to have occurred on the date stated above, at 5.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Myocardial Insufficiency	?
c Congestive failure	?

Other contributory causes of importance:

Name of operation: Date of: None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T P Magiel M. D.

(Address) Balt City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 27 1934

M. D. B. 1268-9

97747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. B-01 Ward)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Stepanuk

(a) Residence: No. 421 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olga Stepanuk (Sep)

6. DATE OF BIRTH (month, day, year) ? 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Tempora Stepanuk

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Tusanik

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Friends
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Trinity Russian Date Jan. 27, 1934

19. UNDERTAKER John Grabjuckas
(Address) 423 S. Paca St.

JAN 27 1934

Washington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1934 to Jan. 24, 1934

last saw him alive on Jan 24, 1934 Death is said to have occurred on the date stated above, at 4:03 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, cause ?	?
Myocardial Insufficiency & congestive failure	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T Phagan, M. D.

(Address) Balt. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. F. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97748

CERTIFICATE OF DEATH

E 97748

180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp 4-91 St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Price

(a) Residence: No. 714 W Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Mar 1897

7. AGE: Years 36 | Months 10 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O'D

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Perry Wilson

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Sarah Slaughter

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Susie Hayes

(Address): 2054 Robert St

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cem. Date 1/27 1934

19. UNDERTAKER: Samuel T. Hemsley

(Address): 578 W Baltimore St

... Huntington Williams M.D.

(Registrar)

FILED JAN 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental	
2nd degree burns	

Other contributory causes of importance:

Oil stove exploded.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accidental Date of injury Jan 23rd 1934

Where did injury occur? 714 W. Saratoga
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury: Oil stove exploded

Nature of injury: House caught fire

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Leidt Coroner M. D.

(Address) Bronze

M. D. B. 1268-9

E 97749

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97749

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 Edmondson Ave 16-Q St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida E. Bell Luke

(a) Residence: No. 1036 Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest F. Luke

6. DATE OF BIRTH (month, day, year) Nov 3, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10/33 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Del

FATHER

13. NAME Solon A. Bell

14. BIRTHPLACE (city or town) (State or country) Wilmington Del

MOTHER

15. MAIDEN NAME Ida E. Johnson

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Wm. Earl Bell

(Address) 730 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 28 1934

19. UNDERTAKER Samuel R. Chase & Son

(Address) 638 N. Gilmor

Washington Williams Registrar.

N 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933 to Jan 25, 1934

I last saw h alive on Jan 25, 1934 Death is said to have occurred on the date stated above, at 2.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Uterus with Metastases to Lungs	1933

Other contributory causes of importance:

Name of operation Hysterectomy Date of 10/33

What test confirmed diagnosis? Histology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. McKenzie M. D.

(Address) 1 E Mt Vernon Pl

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 97750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Union Mem. Hospital E-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Arline Ballinger

(a) Residence: No. 509 E. 27th st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 3-18-31

7. AGE: Years 2 | Months 10 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Ballinger

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Lillian Davis

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Lilian Ballinger

(Address): 509 E. 27th st

18. BURIAL, CREMATION, OR REMOVAL

Place: Pitts Pa. Date: 1/28- 1934

19. UNDERTAKER: Walter R. McNamara

(Address): 4147 Falls Road.

20. Filed: 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-26-34

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Burns of the back Second & third degree burns.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1-23- 1934

Where did injury occur? Baltimore Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Scald hot soapy water

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Morrissey Coroner . M. D.

(Address) 363 E Roland Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 27193

M. D. B 1268-9

E 97751

97751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 Wilkens ave. 20-a Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Ida Wolf

(a) Residence: No. 3610 Wilkens ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: George Wolf

6. DATE OF BIRTH (month, day, year): June 9 1881

7. AGE — Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
51	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Dreyer

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Ella Schumm

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: George Wolf.
(Address): 3610 Wilkens ave

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: 1/27, 1934

19. UNDERTAKER: Harry H. Weitzka
(Address): 4101 Edmondson Ave

Thurlington Williams, Reg.

JAN 27 1934, 19.. 1 of 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 25, 1934

22. I HEREBY CERTIFY, That I ~~attended deceased~~ from ..., 19.., to ..., 19..

I ~~just saw her~~ ~~alive on~~ 2-30 19.. Death is said to have occurred on the date stated above, at 2 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus, Coma	

Other contributory causes of importance:

Diabetes	2 years

Name of operation: None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 14 So Broadway

OCCUPATION is very important. See instructions on back of certificate.

JAN 27 1934

M. D. B. 1268-B

E 97752

97752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3916 Old Frederick, Rd. 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah M. Wild

(a) Residence: No. 3916 Old Frederick, Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Wild

6. DATE OF BIRTH (month, day, year) Oct. 20, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME William T. Wootton

14. BIRTHPLACE (city or town) (State or country) A.A.County, Md.

MOTHER

15. MAIDEN NAME Mary I. Ward

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mary E. Lancaster

(Address) Reisterstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Myer Wash D.C. Date Jan 27 1934

19. UNDERTAKER Frederick A Cole

(Address) 7200 W Frederick St.

Jan 27 1934 ..... 12 ..... Filed .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan - 24 . 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7 1933 to Jan - 24 1934,

I last saw h[illegible] alive on Jan 16 1934 Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	1932.
Other contributory causes of importance: Fibroid Uterus	5 yrs

Name of operation Hysterectomy Date of 1933.

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Lloyd Johnson M. D.

(Address) 7200 E. Frederick St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97753

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97753

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Kirkleigh Villa 4301 Roland Ave. St. 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Berkley Van Arsdale

(a) Residence: No. 702 Belvedere Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
78	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

FATHER

13. NAME Andrew M. Van Arsdale

14. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

MOTHER

15. MAIDEN NAME Mary Wolfe

16. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

17. INFORMANT Mr. Benjamin Tongue
(Address) 213 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Martinsburg, W. Va. Date Jan 29 1934

19. UNDERTAKER Robt H. Cook
(Address) 1003 W. Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1934 to Jan 27 1934

I last saw her alive on Jan 27 1934. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2 days

Other contributory causes of importance:
Arteriosclerosis
Chron. Int. Nephritis

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) Vernon J Kelly M. D.

(Address) 3705 Falls Road

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97754 ✓ E 97754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 N. Calvert St., 11-01 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Ottis Castles

(a) Residence: No. 1213 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emily P. Castles

6. DATE OF BIRTH (month, day, year) July 12, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Optician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) October 1929

11. Total time (years) spent in this occupation 6 years

12. BIRTHPLACE (city or town) (State or country) Smyrna S. C.

FATHER

13. NAME Robert Castles

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Sallie Scoggins

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Mrs. Emily P. Castles
(Address) 1213 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Smyrna, S. C. Date Jan. 27, 1934

19. UNDERTAKER Joseph A. Cook
(Address) 1003 W. Baltimore St.

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to Jan 11, 1934

I last saw him alive on ... 1934 Death is said to have occurred on the date stated above, at 2.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Cardiac dilation, poorly Compensated (by tests),	
Influenza endocarditis & chronic.	
Other contributory causes of importance:	
Rheumatism when 16.	
Pleurisy 5 years ago. Lung (right) artificially collapsed	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ... M. D.

(Address) 1213 N. Calvert St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97755

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97755

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp St. 19-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmo Brown

(a) Residence: No. 224 N. Gilmor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 29 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jesse Brown

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Anna Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Jesse Brown
(Address) 224 N Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date 1/27 1934

19. UNDERTAKER Walter B. Smith
(Address) 1324 W. Hamburg St.

20. FILED ..... 19..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1934, to Jan 26, 1934, last saw him alive on Jan 26, 1934. Death is said to have occurred on the date stated above, at 3 45/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	1 34

Other contributory causes of importance:

Bronchopneumonia

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Myron G. Tull M. D.

(Address) Sydenham Hosp.

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97756

97756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 Smith St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth 22 yrs. mos. ds.

2. FULL NAME Gustine Trump

(a) Residence: No. 2420 Smith Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Alexander Trump

6. DATE OF BIRTH (month, day, year) Aug 11 1854

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
79	5	14/3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Trump

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Smith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Augustus Lockett

(Address) 2420 Smith Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Cemetery Date Jan 27 1934

19. UNDERTAKER Geo. Cook

(Address) 217 N. Gilmor St.

20. FILED Jan 27 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1934 to Jan 24 1934

I last saw her alive on Jan 24 1934 Death is said to have occurred on the date stated above at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach ?	
Other contributory causes of importance:	
General Metastasis	

Name of operation no Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so specify

(Signed) Geo. Dorsey Kiefer M. D.

(Address) 42 Leadenhall

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-002

Registered No.

(If death occurred in a hospital, or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2137 N. Schroeder St. 18-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Owens

(a) Residence: No. 2137 N. Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Abraham Owens

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anna Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Arthur Owens (Address) 2137 N. Schroeder St

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date Jan. 27, 1934

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N. Schroeder St

20. FILED Jan 31 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

X. D. B 1268-0

E 97758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97758 180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp (St.) 4-al (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benj Curtis

(a) Residence: No. 714 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): June 26-1879

7. AGE: Years 35 | Months 7 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Prince George Co Md.

FATHER

13. NAME: Benj Curtis
14. BIRTHPLACE (city or town) (State or country): Prince George Co Md

MOTHER

15. MAIDEN NAME: Martha Hawkins
16. BIRTHPLACE (city or town) (State or country): Prince George Co Md.

17. INFORMANT: Daisy Moseley
(Address) 678 N Mulberry.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date Jan 29, 1934

19. UNDERTAKER: Mrs. Katie E. Williams
(Address) 322 N. Schroeder St.

Huntington Williams M.D.
(Registrar.)

27T034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Jan 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on Jan 24 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I (a) 2nd (b) Degree burns	
Accident	3 Days
Other contributory causes of importance: Exploded oil stove	

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 21 1934

Where did injury occur? 714 W Saratoga
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Oil stove Exploded

Manner of injury: Oil stove Exploded

Nature of injury: House caught fire

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J O'Leary M. D.
Coroner

(Address)

M. D. B. 1268-0

E 97759

HEALTH DEPARTMENT—CITY OF BALTIMORE

97759 E

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 N Monford Ave St., 6-21 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha B Cator

(a) Residence: No. 225 N. Monford Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 31 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Bennie Cator

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maggie Bartee

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Maggie Cator (mother)
(Address) 225 N Monford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1-27 1934

19. UNDERTAKER Mrs Rota Elliott
(Address) 1129 N Caroline St

Funeral Home Williams

N 2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933 to Jan 24 1934

I last saw h[illegible] alive on Jan 22 1934. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7 yrs 3 mos
Other contributory causes of importance: Myocarditis	2 mos

Name of operation none Date of ...

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) R J Young M. D.

(Address) 1424 E Monument St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 97760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97760

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Winfield Ave Ward 5-24)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie S. Blanck

(a) Residence: No. 3204 Winfield Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Oscar R. Blanck

6. DATE OF BIRTH (month, day, year) Nov 23rd 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87		2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Henry Ties

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs John Blanck

(Address) 3915 Main Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 27th 193

19. UNDERTAKER Wm Cook

(Address) ~~Herbert Wellington~~

N 271934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/20 1933 to 1/26 1934

I last saw her alive on 1/26 1934 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	?
Chronic Myocardities	
On Dec. 18 fell getting out bed. Injury to left Lower Extremity and Head. accident	
Other contributory causes of importance: Acute Heart Failure	12 hrs
Acquired	

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Luther E. Leitch M. D.

(Address) 719 Park Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97761

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97761

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Wallbrook Ave 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert W. Benckoff

(a) Residence: No. 2023 Wallbrook Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elmer V. Benckoff.

6. DATE OF BIRTH (month, day, year) Feb 2, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rivoli Theater.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. Co. Md.

FATHER

13. NAME David D. Benckoff

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maria Eyler.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Elmer V. Benckoff

(Address) 2023 Wallbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Md. Date Jan. 29, 1934

19. UNDERTAKER Wm. McKeever & Sons

(Address) North & Pulaski

Huntington Williams Registrar.

27T032

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/12, 1932 to 1/27, 1934

I last saw h[illegible] alive on 1/26, 1934 Death is said to have occurred on the date stated above, at 8.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of face	
Tongue	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Theodore E Stein M. D.

(Address) 4012 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 97762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V 93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat St. 28-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. Arthur D. McSwiggan

(a) Residence: No. Wheeling, W. Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 618

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Hosp Records
(Address) Mt. Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Wheeling, W. Va. Date Jan 27. 34

19. UNDERTAKER Wm. J. Tierney & Sons
(Address) Fort St. Wheeling

20. FILED ..... 21. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1934 to Jan. 27, 1934

I last saw him alive on Jan. 27, 1934 Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	1 day

Other contributory causes of importance:

Auricular fibrillation	Aug 1933
Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. H. Donelle, M. D.

(Address) 33 N. Frederick St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 97763

HEALTH DEPARTMENT—CITY OF BALTIMORE

97763

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Jefferson

(a) Residence: No. 821 N Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie Jefferson

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53 53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jesse A Barnes

(Address) 430 N Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 27 1934

19. UNDERTAKER Thomas E. Nelson

(Address) 1323 Pennsylvania ave

27 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6:45 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) F. P. Henry MD Coroner M. D.

(Address) 1305 W Fillmore St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1208-B

E 97764

E 97764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2929 Fredericks ave St. 15-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah E. Flickinger

(a) Residence: No. 1802 Braddish Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of late John S. Flickinger.

6. DATE OF BIRTH (month, day, year) 1849-2-10

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
84	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Co. (State or country) Maryland

FATHER

13. NAME John Albaugh

14. BIRTHPLACE (city or town) Unknown (State or country) "

MOTHER

15. MAIDEN NAME Sarah Snyder.

16. BIRTHPLACE (city or town) Unknown (State or country) "

17. INFORMANT W. R. Flickinger

(Address) 1802 Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL,

Place Mt Hope Cemetery Date Jany 30 1934

19. UNDERTAKER E. M. Waltz

(Address) Mayfield Md.

FILED JAN 31 1934

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10 1930 to Jan 27 1934

I last saw her alive on Jan 26 1934 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	4 yrs.
Other contributory causes of importance:	
Senility arteriosclerosis	1 yr.

Name of operation None Date of ...

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ethel Thelen M. D.

(Address) 4116 Northern Parkway

M. D. B. 1268-9 E 97765 E 97765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 53 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane Rossie

(a) Residence: No. 220 Spearing St., Ward. Jacksonville Fla

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): 7-14-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Texas

FATHER

13. NAME: Jim Weaver

14. BIRTHPLACE (city or town) (State or country): Texas

MOTHER

15. MAIDEN NAME: mitchner

16. BIRTHPLACE (city or town) (State or country): Texas

17. INFORMANT: Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jacksonville Fla Date Jan 27 1934

19. UNDERTAKER Philips Herwig Sons

(Address) 2016 Orleans St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1934 to Jan 27 1934

I last saw her alive on Jan 27 1934 Death is said to have occurred on the date stated above, at 4.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dural Endothelioma	
Other contributory causes of importance: Pulmonary edema	

Name of operation Pt-Craniotomy Date of 1/23/34

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph A. Abercrombie M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

E 97765

E 97766

M. D. Bk 1268-9

E 97766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH West Baltimore General Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Ramsay & Druhan St., 16 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Levin

(a) Residence: No. 1124 W. Saratoga St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel Levin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena Goodman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rawdale Date 1/28/34. 19.....

19. UNDERTAKER Jos. L. Levin & Bro.
(Address) 1424 E. Pratt St.

20. FILED JAN 28 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 24. 1934 to January 27. 1934. I last saw him alive on January 27. 1934. Death is said to have occurred on the date stated above at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Staphylogenic Septicemia	1/18/34
2. Acute Tonsillitis	1/12/34

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Bacteria Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leon Ackerman M. D.

(Address) West Baltimore Gen Hosp

X 8 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1648-9 E 97767

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97767

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 13-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 year yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Eliz. Frazier

(a) Residence: No. 1121 Whitelock st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Frazier

6. DATE OF BIRTH (month, day, year) April 15, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Spencersville Maryland

FATHER

13. NAME Booker Shands

14. BIRTHPLACE (city or town) (State or country) Petersburg Virginia

MOTHER

15. MAIDEN NAME Martha Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Howard County

Place Mt. Calvary Date 1/26 19 34

19. UNDERTAKER Elroy O. Wilson

(Address) 1000 E. Fayette Ave.

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1934 to January 26, 1934

I last saw her alive on January 26, 1934 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shaw, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 3

M. D. B. 1268-9

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E 97768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tamsil Woody

(a) Residence: No. 204 N. Amity St (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug ? 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Lewis Woody

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Matilda Cook

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Alton Va Date 28 Jan. 1934

19. UNDERTAKER Geo. L. Harris & Sons (Address) 1218 N. Eutaw St

20. FILED 19 Registrar

JAN 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1934 to Jan. 25 1934

I last saw h[illegible] alive on Jan 25 1934 Death is said to have occurred on the date stated above, at 3.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1-23-34
Myocardial failure	
Senescent arteriosclerosis, Causing	
Urinary retention	

Other contributory causes of importance:

Bleeding into Urinary bladder	1-24-34

Name of operation Suprapubic Cystotomy Date of 1-24-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh J. Jewett M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B. 1928-9 E 97769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97769

V 163

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Mierwienski

(a) Residence: No. 919 S. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alex Mierwienski

6. DATE OF BIRTH (month, day, year) May 11 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	41	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jacob Grabowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Alex Mierwienski
(Address) 919 S. Curley St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Jan 29 1924

19. UNDERTAKER T. W. Grazynski
(Address) 1900 E. Fayette St

20. FILED Jan 30 1924 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1924

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoning by Lye	
Suicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? S Date of injury 1/26, 1924

Where did injury occur? 919 S Curley
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place None

Manner of injury Drinking Lye

Nature of injury Swallowed Lye

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 130 N Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A E 37770

E 37770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 129V

1. PLACE OF DEATH Union Memorial Hospital

Registered No. 12-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Howard O. Thompson

(a) Residence: No. Fallston, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mrs. Howard O Thompson

6. DATE OF BIRTH (month, day, year) Dec 18, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) Dec 31, 1934

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel W. Thompson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna E. Parker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Relatives Mr. Howard

(Address)

18. BURIAL, CREMATION, OR REMOVAL Pl. Ebenezer Church Date Jan 30, 1935

19. UNDERTAKER E. G. Kurtz & Son

(Address) Jarrettsville Md

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1935, 19..., to Jan 28, 1935.

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1 29 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis - Cause Unknown	1/16/35
Pneumonia	1/27/35

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 1/16/35

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. E. Radar M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 97771 ✓ E 97771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. 186-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis E Giles

(a) Residence: No. 850 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Wilhelmina Giles

6. DATE OF BIRTH (month, day, year) December 17 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME David Linder

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Sarah Stewart

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Chas A. Giles

(Address) 850 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Jan 29 1934

19. UNDERTAKER Geo. W. Little

(Address) 2700 Edmondson ave

20. FILED JAN 29 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27 19 34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3:06 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Jan 24-34

Other contributory causes of importance:

Fracture Surgical Neck R Right Femur	Jan 1-34

Name of operation None Date of

What test confirmed diagnosis? Ingnis Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan 1. 1934

Where did injury occur? Fell in room of home (Specify city or town, county, and State)

Specify whether injury occurred in [illegible], in home, [illegible] public place Home.

Manner of injury Unknown. Patient alone when he was found on floor.

Nature of injury Fracture R right femur.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine Coroner M. D.

(Address) 16 So Broadway

M. D. B. 1238-0 E 97772 ✓ E 97772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hosp St 27-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josiah Coe

(a) Residence: No. 2802 Manhattan Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 17th 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer 186

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME William B. Coe

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Baldwin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margaret P. Coe

(Address) 2802 Manhattan ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 29th 1934

19. UNDERTAKER John Cook

(Address) 1217 St Paul St.

JAN 28 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1934, to 1-26, 1934

I last saw him alive on 1-26, 1934. Death is said to have occurred on the date stated above, at 6:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	
Other contributory causes of Importance: Acute Cardiac failure	over

Name of operation Exploratory Laparotomy Date of 1/20/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Stackhouse Jr. M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

V 3-33

AdCo. 5-31 250B

E 97773 ✓ E 97773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Barclay St., 12-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia Elizabeth dWorden

(a) Residence: No. 1906 Barclay St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward G. Worden

6. DATE OF BIRTH (month, day, year) Dec 9 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thurmont Frederick Co. Md.

FATHER

13. NAME William G. Covar

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Virginia Gilbert

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lloyd B Worden
(Address) 2121 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Date Jan 29, 1934

19. UNDERTAKER Chas. G. Black
(Address) 742 W. Pratt St

20. FILED ... 1934 ... Registrar.

JAN 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 - 1934, to Jan 26 - 1934

I last saw h[illegible] alive on Jan 26 1934, death is said to have occurred on the date stated above, at 11-20 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	1/22/34

Other contributory causes of importance:

Senile Debility Edema	1/26/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Robert [illegible], M. D.
(Address) 2117 Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-6

E 97774

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97774

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 12-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mon. .....ds.

2. FULL NAME Elizabeth Elder Engelhardt

(a) Residence: No. 2826 Oak St St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Edward Engelhardt

6. DATE OF BIRTH (month, day, year): Oct 19/1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Francis S. Elder

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Mary Dorn

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT (Address): Miss Clara Council 2826 Oak St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 1/29 1934

19. UNDERTAKER (Address): Henry W. Means & Son 805 W. Calhoun st

20. FILED JAN 29 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jany 26/34

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, 4.20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock & Senility	
Other contributory causes of importance: Fractured left hip	Jan 18/34

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 1/18/34

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Slipped on stairway in home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [signature] M. D.
Attending Physician or Coroner

(Address) [illegible]

M. D. B. 1268-B

✓ M E 97775

ME 97775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St., Ward 21

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Brad Swayles

(a) Residence: No. 547 Mosher St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) March 31, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 121

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Ottie Dorsey

(Address) 1201 Madison Ave (Rear)

18. BURIAL, CREMATION, OR REMOVAL

Place Burk Park Date 1/28/ 1935

19. UNDERTAKER Mrs. George H. Holland

(Address) 16 S. Bond St. Balto. Md.

20. FILED JAN 29 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 1935

22. I HEREBY CERTIFY, That I attended deceased from ngny 19 to ngny 19 Death is said I last saw h alive on ngny 19 to have occurred on the date stated above, at 1:55 P m

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation nal Date of ✓

What test confirmed diagnosis? nne Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 1/23. 1935

Where did injury occur? Cathedral St S/ Belvidere St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) Joseph F. Gregory Coroner, M. D.

(Address) 2430 E. Madison St

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. H. 1268-6 697776. ✓ M 697776.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry L. Thiemeyer

(a) Residence: No. 2814 Kennedy Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche E. Thiemeyer

6. DATE OF BIRTH (month, day, year) Oct. 29, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Independent Mutual Ins. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry A. Thiemeyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Hilfers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Blanche E. Thiemeyer
(Address) 2814 Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Jan 29. 1934

19. UNDERTAKER John F. Denny
(Address) 765 Light St.

20. FILED JAN 28 1934 (Signature) [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 . to 19

I last saw him alive on Injury 8.15 19 Death is said to have occurred on the date stated above, at P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Left 5-6-7-10-11 Ribs	
Broncho Pneumonia	
Other contributory causes of importance:	
Automobile Accident	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1. 11. 1934

Where did injury occur? Monument and 25th St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking Across Street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2150 E. Madison St.

M. D. B. 1268-9

E 97777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 23

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John ~~Bernard~~ R Sullivan

(a) Residence No. 2003 E. Chester St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Carl Sullivan

6. DATE OF BIRTH (month, day, year) April 24, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Carl B. Sullivan

14. BIRTHPLACE (city or town) (State or country) Maryland Carroll County

MOTHER

15. MAIDEN NAME Anna Sullivan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Date 1-29 1934

19. UNDERTAKER Earl B Harley

(Address) 115 E 21st St

JAN 28 1934

21. FILED ..... 193... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1933 to Jan 25 1934

I last saw h[illegible] alive on Jan 24 1934 Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar	1927
Empyema - Rt Chest	1927
Fibrosis - with Bronchial Fistula	

Other contributory causes of importance Anemia Secondary 1933

Tumorous Growth Rt Lung 1927

Name of operation Thoracoplasty Date 4/25/33 7/11/34

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, what? .....

(Signed) E. R. Bowers M. D.

(Address) Bay View City Hosp.

Y 5 3

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9 E 97778 ✓ E 97778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 E. Chase St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas J. Sharkey

(a) Residence: No. 2010 E. Chase St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced, HUSBAND of ... WIFE of Katherine Sharkey

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 63 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired, 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal Horseman Retired

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME Thomas Sharkey

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME — Gannon

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT John Sharkey

(Address) 2010 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 1/29/ 1934

19. UNDERTAKER John A. Nolan

(Address) Boode & Dallam

20. FILED ... 1934 ... Registrar.

N 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1933 to Jan. 26 1934

I last saw him alive on Jan. 26, 1934. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic spinal muscular atrophy	1932
Other contributory causes of importance: Hemiplegia	4/8/33

Name of operation ... Date of ...

What test confirmed diagnosis? Laboratory tests No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Albert G. Singewald, M. D.

(Address) 1613 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A E 97779 ✓ E 97779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1945 Ridgehill Ave 15-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Inc. Cubbin

(a) Residence: No. 1945 Ridgehill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Mc. Cubbin

6. DATE OF BIRTH (month, day, year) Jan 26 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME — Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Herman F. Mc Cubbin

(Address) 1668 Thomas Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date Jan 29 1934

19. UNDERTAKER Josiah Dyer

(Address) 1600 W. Fayette ave

20. FILED JAN 28 1934 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1934 to Jan 27 1934

I last saw h[illegible] alive on Jan 27 1934. Death is said to have occurred on the date stated above, at 5-45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 Days
Other contributory causes of importance:	
Acute Influenza	7 Days

Name of operation W. Clemical Syphilis Date of [illegible]

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Charles E. Clark M. D.

(Address) 3214 Pulaski [illegible]

Exact statement of CAUSES OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269 E 97780 ✓ E 97780

HEALTH DEPARTMENT—CITY OF BALTIMORE

2813 43

CERTIFICATE OF DEATH

X 13-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr Frederick L. Sanford

(a) Residence: No. Jersey Shore Pa Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Evelyn

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 05

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn.

FATHER

13. NAME Morton Sanford

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Mary Goodman

16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jersey Shore Pa. Date Jany 30 1934

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

JAN 28 1934 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1934 to Jan 28 1934

I last saw h... alive on Jan 28 1934 Death is said to have occurred on the date stated above, at 1.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
AMEBIC Dysentery	1-3-34.
Other contributory causes of importance:	
Peritonitis, Acute	1-26-34.

Name of operation DRAINAGE of Abscess Date of 1-26-34

What test confirmed diagnosis? Smears + Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Padget M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION is very important. See instructions on back of certificate. Last statement of

S. 3

M. D. B. 1268-9 E 97781 ✓ E 97781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X108

Registered No. 16277

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp't 3 St and Pennsylvania Ave St., 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chandler W. Crockett

(a) Residence: No. Tangier Island Va St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Mrs Dorothy Crockett

6. DATE OF BIRTH (month, day, year) July 20 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waterman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat

10. Date deceased last worked at this occupation (month and year) 12-7-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tangier Island Va

FATHER

13. NAME Charles Crockett

14. BIRTHPLACE (city or town) (State or country) Tangier Island

MOTHER

15. MAIDEN NAME Nellie Thomas

16. BIRTHPLACE (city or town) (State or country) Tangier Island

17. INFORMANT Reading
(Address) U. S Marine Hospital.

18. BURIAL, CREMATION, OR REMOVAL
Place Tangier Va. Date June 31, 1934

19. UNDERTAKER John C Bradshaw
(Address) Crisfield Md

20. FILED ..... 19 ..... Registrar.

JUN 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/28/34

22. I HEREBY CERTIFY, That I attended deceased from 12-30-33, 19..., to 1-28-34, 19... Death is said I last saw him alive on 1-28-34, 19... to have occurred on the date stated above, at 4.32 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia from effusion	
Right lobar lung disease	12-2-33

Other contributory causes of importance:

Name of operation Pleurotomy-two days Date of 1-25-34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E S Donaldson M. D.
(Address) U S Marine Hosp't Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269 E 97782

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97782

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1745 E. Federal St. 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm L. Stuart

(a) Residence: No. 1745 E. Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Ida E. Stuart

6. DATE OF BIRTH (month, day, year) April 24th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Supervisor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shepherd Pratt Hospital

10. Date deceased last worked at this occupation (month and year) Feb 1930

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Sarah Law

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Ida Stewart
(Address) 1745 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Jan 30th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

R. 9 D. JAN 29 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1933 to Jan 27, 1934

I last saw him alive on Jan 26, 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Chronic Interstitial Nephritis	1929

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) John T Avery M. D.

(Address) 160 W 83 rd Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 97783

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97783

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Clifton Ave 15-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna Ruth Watts

(a) Residence: No. 2826 Clifton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 13 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fidelity & Deposit

10. Date deceased last worked at this occupation (month and year): Oct 5 1932

11. Total time (years) spent in this occupation: 5 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: James L Watts

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Nina H. Lea

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: James L Watts

(Address) 2826 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 1/30 34

19. UNDERTAKER: Williams Cook

(Address) 1212 St Paul Street

20. FILED JAN 29 1934, 19 ... [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5 1932 to Jan. 28 1934

I last saw h[illegible] alive on Jan 28 1934 Death is said to have occurred on the date stated above, at 9.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis of Brain	Oct. 1932
Chr. Parenchymatous Nephritis	1933

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Special Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Jane E Brown M. D.

(Address) 1663 W North Ave

H. D. B 1208-9 E 97784 E 97784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 N. McCurley St. 20-01 Ward)

Length of residence in city or town where death occurred 43 yrs. 9 mos. 21 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gordon O. Clarke

(a) Residence: No. 237 McCurley St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced. HUSBAND of (or) WIFE of Caroline M. Clarke

6. DATE OF BIRTH (month, day, year) April 6-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Jan 34

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Alexander Clarke

14. BIRTHPLACE (city or town) (State or country) London England

15. MAIDEN NAME Florence V. Knott

16. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

17. INFORMANT Carolina M. Clarke (Address) 237 N. McCurley St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Jan 30th 1934

19. UNDERTAKER Wm Cook (Address) 217 St Paul St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Acute Angina	Jany 27-34

Other contributory causes of importance:

Name of operation Ingwin Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so specify ...

(Signed) Joseph L. Valentine M. D. Coroner

(Address)

M. D. B. 3208-B

E 37785

E 37785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 13-01 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Premature Baby Girl Canapp

(a) Residence: No. 905 W. 34th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 28, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	9 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Clarence Russell Canapp

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Leona Painter Hubbs

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Mother - Leona Canapp
(Address) 905 W. 34th Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Hamilton Date Jan 29 19 34

19. UNDERTAKER
(Address)

20. FILED 1[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 19 34 to Jan 28, 19 34

I last saw h[illegible] alive on Jan 28, 19 34 Death is said to have occurred on the date stated above, at 10:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth - (6 months)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Breanne Herlong M. D.

(Address) Union Memorial Hospital

V. S. 3

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

E 97786 E 97786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1742 Gorsuch av St., 9-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael W. Dancker

(a) Residence: No. 1742 Gorsuch av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Stiefs Dancker

6. DATE OF BIRTH (month, day, year) Dec. 10 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Umbrella manufr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Mfr

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Troy N.Y.

MOTHER FATHER

13. NAME Wm M. Stanley

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Catherine Dancker
(Address) 1742 Gorsuch av

18. BURIAL, CREMATION OR REMOVAL
St Peters Date Jan 30 1934

19. UNDERTAKER R.S. Marshall
(Address) 3539 Falls Road

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1934 to January 27, 1934
I last saw he alive on Jan 27, 1934 death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 d.
Cerebral Hemorrhage.	17 d.

Other contributory causes of importance:

Senile Senesis	17 d.
Hypostatic	17 d
Chr. rheumatoid Nephritis	17 d.

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19 .

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1/- 34 (Signed) Thos Fu Stivers, M. D.

(Address) 2878 Harford Rd

INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B 1268-9 E 97787 E 97787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 134

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 22 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Garnett

(a) Residence: No. 607 Shop St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced (or) WIFE of: Charles Garnett
6. DATE OF BIRTH (month, day, year): May 22 1877
7. AGE: Years 57 Months Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fredericksburg, Va.

FATHER
13. NAME: Henry Day
14. BIRTHPLACE (city or town) (State or country): Fredericksburg Virginia

MOTHER
15. MAIDEN NAME: Melodia Parker
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Date: Jan 29 1934

19. UNDERTAKER: Thos E. Kelly
(Address) 1303 Presstman st

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 to Jan 26 1934
I last saw her alive on Jan 26 1934
Death is said to have occurred on the date stated above, at 6:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis - Nephritis	?
Uremia - Left	
Other contributory causes of importance: Coronary Thrombosis	1/24/34

Name of operation: Incision & Draining 1/25/34
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H R Gunn M. D.
(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

E 97788

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97788

CERTIFICATE OF DEATH

V 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sadie Bloom

(a) Residence: No. 1418 E Baltimore St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Moses Bloom

(Address) 1418 E Balto st

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date Jan 29. 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED ... 19... ... Registrar.

29.1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27 . 1934 to Jan. 28 . 1934

I last saw h.e alive on Jan. 28 1934 Death is said to have occurred on the date stated above, at 4.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (left)	
Other contributory causes of importance: Chronic Cholecystitis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Weiner M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1938-9 E 97789

E 97789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Mary Ave St. 27-A Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary H. Harp

(a) Residence: No. 3107 Mary Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward L. Harp

6. DATE OF BIRTH (month, day, year) Jan. 8 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	-	19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME John Single

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Helena Krug

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Edward L. Harp
(Address) 3107 Mary Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Jan. 30. 1934

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED Huntington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug ..., 1933 to 1/27 ..., 19 34
I last saw h... alive on 1/27 ..., 19 34 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. W. Bolling M. D.

(Address) 5103 Harford Rd

M. D. B. 1[illegible]-9 E 97790

E 97790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 S. Conkling St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christine Katherine Wager

(a) Residence: No. 501 S. Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christian G. Wager

6. DATE OF BIRTH (month, day, year) Dec. 7 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) not known
(State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) not known
(State or country)

17. INFORMANT J. Adolph Wager
(Address) 501 S. Conkling St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Jan. 29. 1934

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St

20. FILED 29 1934 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7 1933 to Jan 26 1934

I last saw h[illegible] alive on Jan 25 1934 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Coronary Occlusion	Jan 25 '34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Duncan J. Greene M. D.

(Address) 1900 Eastern Ave.

M. D. 2. (2000)

E 97791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. E 97791

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gerald Mc Dermott

(a) Residence: No. 26 Midship Road St., Sparrows Pt. Md. Ward. ... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Mc Dermott

6. DATE OF BIRTH (month, day, year) Sept 14 1897

7. AGE: Years 36 | Months 4 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel mill

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Martins Ferry Ohio

FATHER

13. NAME Matthew Mc Dermott

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Charlotte Delaguer

16. BIRTHPLACE (city or town) (State or country) New Orleans La

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place W. S. National Cem. Jan 30, 1934

19. UNDERTAKER Lee Funeral Home
(Address) 1923 N. Patterson Park Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1933 to Jan 29, 1934 Death is said last saw him alive on Jan 27, 1934 9:30 AM and to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Ulcer duodenal perforation	2 yrs.
(b) Gloric obstruction	

Other contributory causes of importance: Pneumonia Bronchial

Name of operation Gastro enterostomy Entero-enterostomy Date of operation 1/31/34 1/27/34

What test confirmed diagnosis? Operation Were there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. R. Bonner M. D.

(Address) Police Col Boys

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97792

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97792

CERTIFICATE OF DEATH

Registered No. 170

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lauder Station St. 22-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Kemp

(a) Residence: No. 987 Amsterdam Ave St., Atlanta Ga Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Lotus Kemp
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. of Trs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Parmley Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME Louis Kemp

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Emily Lessard

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT F. Martin

(Address) Inland Pratt Co

18. BURIAL, CREMATION, OR REMOVAL

Place Atlanta, Ga Date Jan 29, 1934

19. UNDERTAKER H. C. Dickson & Sons

(Address) Ga

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock by trauma	

Other contributory causes of importance:

Involution Metrorrhagia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1-28, 1934

Where did injury occur? Park - Ga

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Lauder Station

Manner of injury Struck by train

Nature of injury Injuries incl. fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address)

AAC-3-11-29M

B 97793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 97793

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Madison Ave 4-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 5 mos. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Ellen Cooper

(a) Residence: No. 1519 Madison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stewart A.

6. DATE OF BIRTH (month, day, year) Aug. 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Mason

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Daughter
(Address) 1509 Madison

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1/27/ 19 34

19. UNDERTAKER Mrs. George F. Kolb & Son
(Address) 1621 Druid Hill Ave

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 19 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934, to Jan 26, 1934.
I last saw her alive on Jan 26, 1934 death is said to have occurred on the date stated above, at 10.57 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1-20-34
Hypertensive cardio-vascular disease	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, (specify)

(Signed) W. A. Warfield M. D.

(Address) 1836 Druid Hill Ave

M. D. B. 1268-B

John W. Ripple

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97794 E 97794

CERTIFICATE OF DEATH

1/51

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto city Hospitals St., Ward)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Wegand Ripple

(a) Residence: No. 4919 O'Donnell St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amanda Ripple

6. DATE OF BIRTH (month, day, year) 6/2/1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John W. Ripple Sr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Doench

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Date Jan 29 1934

19. UNDERTAKER John J. Duda
(Address) 2311 Hudson St

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/21 1934 to 1/26 1934

I last saw h— alive on 1/26 1934 Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	?

Other contributory causes of importance:

Uremia	3 days
Acute URI may relation	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, state how .....

(Signed) E. R. Bourne, M. D.

(Address) Balto city Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1944-9

E 97795

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97795

CERTIFICATE OF DEATH

93003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 of American Ave St. 18-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Straughbaugh

(a) Residence: No. 50 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Straughbaugh

6. DATE OF BIRTH (month, day, year) July 11 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sheet Metal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Well

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John A. Straughbaugh (Husband)

(Address) 50 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date Jan 30 1934

19. UNDERTAKER Mc Mrs. John W. Leufel & Son

(Address) 801 W. Fayette St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . M. D.

Coroner

(Address)

M. D. B. 1265-9

E 97796 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 97796

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S. Hilton St. 70-81 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Clarence Bowen

(a) Residence: No. 126 S. Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Bowen

6. DATE OF BIRTH (month, day, year) July 8 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 645

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commission Merchant

10. Date deceased last worked at this occupation (month and year) — 11. Total time (Yrs) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dalton Md.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Miss Langrood
(Address) 331 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk. Date Jan. 29 1934

19. UNDERTAKER Riland Hanley Co.
(Address) 1006 E. Northaven

JAN 29 1934

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1933 to Jan 26 1934

I last saw h.. alive on Jan 25 1934 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 Weeks

Other contributory causes of importance:

Pulmonary Edema	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry Glassman, M. D.

(Address) 2687 Druid Park Dr.

M. D. F. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97797

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2003 Druid Hill Ave St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Isabella Davis

(a) Residence: No. 2003 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1845

7. AGE: Years 89 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): [illegible]

FATHER

13. NAME: [illegible]

14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Sister St. Katherine
(Address) 2003 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 30, 1934

19. UNDERTAKER: Thomas Burke
(Address) 1000 Cambridge

20. Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
1 year	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) F. E. Luib M. D.
Coroner

(Address) Coroner

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97798 E 37798

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3209 McElderry St. No-01 (Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Davis

(a) Residence: No. 3209 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Chas. A. Davis

6. DATE OF BIRTH (month, day, year): Sept 18 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Krauth

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary E. Bennett

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Chas. A. Davis

(Address) 3209 McElderry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Jan 29. 1934

19. UNDERTAKER Philip Hourigan

(Address) 2416 Parkside Ave

FILED JAN 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 25. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 1934 to Jan 25 1934

I last saw her alive on Jan 21 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Jan 19th
Other contributory causes of importance: Bronch. Pneumonia	Jan 19th

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip Hourigan M. D.

(Address) 2412 Fairfield

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 97799 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 97799

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1235- W. Washington Street 8-G Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances W. Clark

(a) Residence: No. 1235- W. Washington St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - - - -

6. DATE OF BIRTH (month, day, year) 11/26/1933

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
--	2	1	~~X~~ ~~X~~ ~~X~~ ~~X~~ or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Floyd Clark

14. BIRTHPLACE (city or town) (State or country) Whiteford, Md.

MOTHER

15. MAIDEN NAME Viola A. Chester

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Viola A. Clark.
(Address) 1235-W. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 1/29/34 19...

19. UNDERTAKER George J. Roche Inc
(Address) 1313 W. Baltimore St.

Filed JAN 29 1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 34

22. I HEREBY CERTIFY, That I attended deceased from 1-24 34 to 1-27 34

I last saw her alive on 1-27 34 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchs -	
pneumonia	1/24/34
Other contributory causes of importance:	
Pulmonary Edema	1/27/34

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..., 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None If so, specify ...

(Signed) Donald Miller, M. D.

(Address) 1500 W Baltimore

INSTRUCTIONS: is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97800

CERTIFICATE OF DEATH

E 97800

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 N. Madeira St., 7-01 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. 77

2. FULL NAME Marie Pospisil

(a) Residence: No. 917 N. Madeira St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cenlor Pospisil

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Vaclav Kutilek

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Barbora Hadrabova

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Marie Retz
(Address) 917 N Madeira St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Jan 30, 1934

19. UNDERTAKER: Frank Brachson
(Address) 1906 Eastlander

20. FILED ... 19... ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1933, to Jan 27, 1934

I last saw her alive on Jan 25, 1934. Death is said to have occurred on the date stated above, at 5:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	1 yr
Other contributory causes of importance: Cardiac Decompensation	4 weeks

Name of operation none Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Pokorny, M. D.

(Address) 2000 E Madison St

Spec.—8-16-29—1. F. [illegible]

E 97801

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97801 ✓

82-001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 837 Brinkwood Rd. ST.) 28-4 (WARD)

2—FULL NAME William Olmstead Tucker

(a) RESIDENCE NO. 837 Brinkwood Rd. STREET WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Viola Tucker

6 DATE OF BIRTH (month, day, and year): Jan. 24 - 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	-	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grain Mgr. for

(b) General nature of industry, business, or establishment in which employed (or employer): Graffin Bag Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Georgia

PARENTS

10 NAME OF FATHER: John Tucker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Georgia

12 MAIDEN NAME OF MOTHER: Adeline Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Georgia

14 Informant: Mrs. Viola Tucker

(Address) 837 Brinkwood Rd.

15 Filed JAN 31 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 27, 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1934, to Jan 27, 1934, that I last saw h in alive on Jan 27, 1934 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Augustine P. Van Schaick M.D.

19 (Address) 818 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Jan. 30 1934

20 UNDERTAKER: Chas. E. Tomick

ADDRESS: 80 Madison Ave

M. D. B. 1268-0

E 97802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97802

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Father Mc Nicholas

(a) Residence: No. Little Sisters of the Poor 1200 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of President - Nurse

6. DATE OF BIRTH (month, day, year) June 24 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	68	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Mc nicholas

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Nellie Doyle

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup.
(Address) Little Sisters of the Poor 1200 Holly St Baltimore City

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 1/30, 1934

19. UNDERTAKER Margaret E. Flynn
(Address) 1722 Light St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 28 January, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1933 to Jan 28, 1934

I last saw him alive on Jan 26, 1934 Death is said to have occurred on the date stated above, at 2.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr endocarditis	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M. C. Carter, M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-1 E 97803 ✓ E 97803

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 Gittings ave St., 29-41 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Schamberger

(a) Residence: No. 315 Gittings St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Joseph Schamberger

6. DATE OF BIRTH (month, day, year) May 8 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61 60	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Krauss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Eyering

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Schamberger
(Address) 2119 Bayard Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 1/30 1934

19. UNDERTAKER Lilly & Zeily Inc
(Address) 703 E Fayette St.

20. FILED 1934 Registrar 1/27/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from January 15 1934 to January 26 1934
I last saw h or alive on January 26 1934 Death is said to have occurred on the date stated above, 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1930
Cerebral Hemorrhage	1/15/34
Other contributory causes of importance:	
Hemiplegia	3½ years

Name of operation None Date of No.

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry B Athey M. D.
(Address) 2564 St Paul St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 97804

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97804

CERTIFICATE OF DEATH

91-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Lee Maxwell

(a) Residence: No. 744 W. Edmondson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Darlington South Carolina

FATHER

13. NAME Thomas Burgess

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Sarah Maxwell

16. BIRTHPLACE (city or town) (State or country) Darlington South Carolina

17. INFORMANT Lula Barnes

(Address) 744 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place North Carolina Date Jan 31, 1934

19. UNDERTAKER Elroy O Wilson

(Address) 1600 Pleasant St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27-34

22. I HEREBY CERTIFY, That I attended deceased from 12-18-33, 19..... to 1-27-34, 19..... Death is said

I last saw her alive on 1-27-34, 19..... at ..... m.

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Subacute Pantrial Endocarditis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Scull Jr. M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

97805 ✓ E 97805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Day

(a) Residence: No. 817 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 2 - 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Durham N. C.

FATHER

13. NAME Edward Day

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Ray

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT John Johnson
(Address) 817 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Date Jan 29, 1934

19. UNDERTAKER Samuel M. Chase Son
(Address) 634 N. Gilmor St

Jan 29 1934 Registrar.

20. FILED , 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related ~~causes~~ importance were as follows:

	Date of onset
Fracture neck	Golden

Other contributory causes of importance:

Fell from 3rd Story
Treatment was Fruitless
Gay Hemorrhage

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? Gay & Lombard
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in ~~home~~, or in public place Gay & Lombard

Manner of injury Fall Accident

Nature of injury Fracture neck

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed) James M. Hanlon Coroner, M. D.

(Address) 700 E. Chase

M. D. B 1268-9

E 97806

HEALTH DEPARTMENT—CITY OF BALTIMORE

97806

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Leonard Rudy

(a) Residence: No. 2817 Indiana St. St., ... Ward.
(Usual place of abode) Westport, Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alphay Rudy

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Wife Mrs Alphay Rudy
(Address) 2817 Indiana St Westport, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date 1/30 1934

19. UNDERTAKER J. J. Flaherty Son
(Address) 1318 Light St

20. FILED ..... 19 ..... H. Pelt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28- 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-21 1934 to 1-28 1934

I last saw him alive on 1-28 1934. Death is said to have occurred on the date stated above, at 9 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of abdominal wall (Sept Site)	1/24/34
Other contributory causes of importance:	
Septicemia	?
Lobular Pneumonia (Sept Org)	?

Name of operation Bilateral pneumothorax Date of 1/21/34

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. Dunlop M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97807 ✓ E 97807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? 61 yrs. 10 mos. 16 ds.

2. FULL NAME Ira Orville Wright

(a) Residence: No. 35 Fisher Place, Trenton, N.J. St., ... Ward. Trenton N.J.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of [redacted] of Kate Reisler

6. DATE OF BIRTH (month, day, year) 3-12-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Engineer dbb

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. The Symington Co.

10. Date deceased last worked at this occupation (month and year) 1-34

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Union Bridge Md.

FATHER

13. NAME Thornton Wright

14. BIRTHPLACE (city or town) (State or country) Union Bridge Md.

MOTHER

15. MAIDEN NAME Kate Andes.

16. BIRTHPLACE (city or town) (State or country) Union Bridge Md.

17. INFORMANT Orville R. Wright
(Address) 635 Colorado Ave., Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Union Bridge Date Jan 31 19 34

19. UNDERTAKER Sherwood Morton Co.
(Address) 2811 Mont Ave.

20. FILED [illegible] 19 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1934 to 1-28, 1934

I last saw him alive on 1-28, 1934. Death is said to have occurred on the date stated above, at 11 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1-28-34
Other contributory causes of importance:	
Arteriosclerosis, generalized	1928
Arteriosclerotic Heart disease	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Richard Munce, M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-9 E 97808

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97808

CERTIFICATE OF DEATH

X 46

Registered No. 16246

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp. St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 36 da. How long in U. S. If of foreign birth? yrs. mos da.

2. FULL NAME Commander William H. Jackson

(a) Residence: No. East New Market Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb 23 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commander Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Navy Dept

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) East New Market Md.

FATHER

13. NAME James T. Jackson M.D.

14. BIRTHPLACE (city or town) (State or country) East New Market Md.

MOTHER

15. MAIDEN NAME Emma J. Edmondson

16. BIRTHPLACE (city or town) (State or country) East New Market

17. INFORMANT Miss Emma E. Jackson

(Address) East New Market Md.

18. BURIAL, CREMATION, OR REMOVAL

Place East New Market Md. Jan 31 34 19

19. UNDERTAKER Stewart Memorial

(Address) 1082 Hanover

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29/34 19

22. I HEREBY CERTIFY, That I attended deceased from 12-22 1933 to 1-28 1934

I last saw him alive on 1-29-34 19 Death is said to have occurred on the date stated above, at 3.00 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	12-22-33

Other contributory causes of importance:

Influenza.

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edmund J. Jackson M. D.

(Address) U.S. Marine Hosp.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B 1268-9

E 97809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97809

82-001

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 22 St., W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unknown

(a) Residence: No. Corner Carroll & Hart Sts. Westminster Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50 or 53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date Jan 29, 1934

19. UNDERTAKER (Address)

20. FILED ..... 19 ..... Registrar.

0075

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1934 to 1-23, 1934

I last saw him alive on 1-23, 1934. Death is said to have occurred on the date stated above, at 6:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Paralysis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Longcope, M. D.

(Address) Univ. Hosp.

Instructions on back of certificate. See Instructions on back of certificate.

M. D. B. 1268-9

F E 97810

97810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl. Hosp. St. 27-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 6 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William James Rictor

(a) Residence: No. 5243 St. Charles Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lydia Pauline Rictor

6. DATE OF BIRTH (month, day, year) July 18, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman, 6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. Md Dairy.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm H. Rictor

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Blaney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Lydia P Rictor

(Address) 5243 St Charles Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan. 30, 1934

19. UNDERTAKER Wm J. McKee Sons

(Address) North & Pitcher Aves.

20. FILED 2-1-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ugly 19 to 19

I last saw h alive on ugly 19 Death is said to have occurred on the date stated above, at 11 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance: Automobile Accident	

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/25 1934

Where did injury occur? 2400 Block Allendale Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Fell out of a moving automobile truck

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny, M. D.

(Address) 2200 E Madison St Coroner

M. D. B. 1268-9

E 97811

97811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna E. Burton

1a) Residence: No. 917 E. Eager St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank G. Burton

6. DATE OF BIRTH (month, day, year) Dec 26 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 27

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Matthew Magee

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Frank G. Burton

(Address) 917 E Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Jan 30 1934

19. UNDERTAKER Edmund W. Conklin

(Address) 924 E Eager St

20. FILED 231934 By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1302 Fulton Ave

M. D. H. 1268-a

E 97812

97812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 Walnut Ave. St. 28-01 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Adelaide A. Gillespie

(a) Residence: No. 1208 Walnut Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William F. Gillespie

6. DATE OF BIRTH (month, day, year): Jan 14 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

FATHER

13. NAME: Lemuel Younger

14. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

MOTHER

15. MAIDEN NAME: Anna Fisher

16. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

17. INFORMANT (Address): Evelyn E. Gillespie, 1208 Walnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: Jany 30, 1934

19. UNDERTAKER: Harry N. Ammerman & Son
(Address): 4204 Ridgewood Ave

20. FILED: [illegible] 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933 to Jan. 28, 1934
I last saw her alive on Jan. 28, 1934 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	1932
Bronchopneumonia	1/24/34

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) George A. Kipp, M. D.

(Address) 3030 Edmondson Ave

M. D. B. 1268-9

E 97813

97813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 70-01 Ward)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Annie M. Gross

(a) Residence: No. 151 S. Hilton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Gross

6. DATE OF BIRTH (month, day, year) Sept 17 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lancaster Pa
(State or country)

MOTHER

13. NAME Ann Wyandt

FATHER

14. BIRTHPLACE (city or town) Lancaster Pa
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Lancaster Pa
(State or country)

17. INFORMANT J. F. Gross
(Address) 347 Hilton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 30 1934

19. UNDERTAKER F. D. Whittington
(Address) 360 Eastern Ave

Jan 30 1934 Huntington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-30-1933, 19.., to 1-26-..., 1934

I last saw her alive on 1/26, 19.... Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Rheumatic heart disease	6 yrs.
Carcinoma Pancreas	3 Months

Other contributory causes of importance:

Hypostatic Pneumonia	1/26

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify) ...

(Signed) C. B. G. Peterkin, M. D.

(Address) St. Agnes Hosp.

M. D. B. 1268-0

E 97814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Temple Gardens apt 43-01 St. Ward)

Registered No. E 97814

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Lena Cohen

(a) Residence: No. Temple Gardens apt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6a. If married, widowed, or divorced — RUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Samuel B. Hayman

(Address) Temple Gardens

18. BURIAL, CREMATION, OR REMOVAL

Place Sinai Date 1-29-34

19. UNDERTAKER Jack Levin Sons

(Address) 1439 E. Baltimore St.

20. FILED 1934

Registrar.

29134

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/28/34

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933 to Jan 28 1934

I last saw h[illegible] alive on Jan 28, 1934 2 45 P.M. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel B. Hayman M. D.

(Address) 810 Eutaw St.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. H. 1268-9

E 97815

97815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 2-0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Blackowicz

(a) Residence: No. 1820 Gough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jan Blackowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine Moskal

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Theresa Jasinska

(Address) 1820 Gough

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Jan. 30, 1934

19. UNDERTAKER Wendell J. Shipseff

(Address) 320 N. Caden St.

20. FILED 291934, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:00 a.m.

The prinripal rause of death and related causes of importance were as follows:

Date of onset

Myocardial insufficiency

Other contributory rauses of importance:

Arterial hypertension

Name of operation ..... Date of ...

What test confirmed diagnosis: Clin. Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. V. Heyward M. D. Coroner

(Address) 1205 N. Patterson Park Ave

E 97816 **STATE OF MARYLAND—CERTIFICATE OF DEATH** E 97816

1. PLACE OF DEATH 107-001

County ..... Registration Dist. No. .....

Village or City ..... No. 2505 Wash St., Ward
(If death occurred in a hospital or institution, give NAME instead of street and number)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha E Simmons

(a) Residence: No. 2505 Wash Blvd Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	white	Widow

~~Married~~, widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Samuel A Simmons

6. DATE OF BIRTH (month, day, and year) April 10. 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife 037

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Ark, Del.

MOTHER FATHER

13. NAME John Widows

14. BIRTHPLACE (city or town) (State or country) Delewarh

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Bertha Wilson
(Address) 2505 Wash Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 1/30 1934

19. UNDERTAKER Edward Joyce
(Address) Wash Blvd.

20. FILED ..... 19..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 26 (Day) 1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934, to Jan 26, 1934
I last saw her alive on Jan 26, 1934; death is said to have occurred on the date stated above, at 11:50 Pm

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized Arterio Sclerosis	not known
Other Contributory Causes of Importance: Lobular Pneumonia	1/18/34 8 days

Name of operation ..... Date of .....

What test confirmed diagnosis Physical Exam Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) C P Rocking M. D.

(Address) 2623 Washington Blvd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B. 1268-9

E 97817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-01 Ward)

Registered No. E 97817

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Conrad Dietz

(a) Residence: No. 918 Rutgers St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte M Dietz (Dead)

6. DATE OF BIRTH (month, day, year) February 12, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore & Ohio RR

10. Date deceased last worked at this occupation (month and year) 1 year

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Conrad Dietz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Becking

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan 29 19 34

19. UNDERTAKER Joseph H Cook & Son (Address) 1003 N Fulton Ave

Filed Jan 30, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934 to Jan 26, 1934

I last saw him alive on Jan 26, 1934. Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:

Arteriosclerosis	?
Emphysema	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Frazell M. D.

(Address) Balt. City Hospitals

91934

Instructions on back of certificate.

M. D. B. 1268-0

E 97818

HEALTH DEPARTMENT—CITY OF BALTIMORE

97818

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and nomber.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nina Stehley (Nina Stehley)

(a) Residence: No. 1702 Homestead Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Stehley

6. DATE OF BIRTH (month, day, year) April 12 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Paul M. Koury

14. BIRTHPLACE (city or town) (State or country) Syria

MOTHER

15. MAIDEN NAME Elizabeth Sybrecky

16. BIRTHPLACE (city or town) (State or country) Pittsburgh Penn

17. INFORMANT Mrs A Bergheimer

(Address) Temple Gardens Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date Jan. 30 1934

19. UNDERTAKER Jos. L. Bloch & Sons

(Address) 1005 N. Baltimore St

20. FILED 28034 Jan 30 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1933 to January 27, 1934

I last saw h[illegible] alive on Jan 27, 1934. Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma annulare sigmoid	?
Generalized Carcinomatosis	

Other contributory causes of importance:

Name of operation Liquid Colostomy & Caecostomy Date of 11/1/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Weisman M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

97819

✓ E 97819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 21 B 01 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert F. Grover

(a) Residence: No. 713 Ramsey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of Mabel Grover
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 20th 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Thomas Grover

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Annie Jarrett

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs Mabel Grover
(Address) 713 Scott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Cemetery Date Jan 30 1934

19. UNDERTAKER Bryant & Fritz
(Address) 701 Washington Blvd

20. FILED ..... 19..... Registrar.

1934 MAR 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1933 to Jan 27 1934

I last saw h. alive on Jan 27 1934 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vascular disease	1931

Other contributory causes of importance:

Auricular Fibrillation	10/3/1933
Heart Failure	10/3/1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel L Johnson, M. D.

(Address) Mercy Hospital

AdCo. 5-31 250B

E 97820

97820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 Bartlett Av St., 9-01 Ward)

Length of residence in city or town where death occurred 23 yrs. 8 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Elizabeth Keenan

(a) Residence: No. 630 Bartlett Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced (or) WIFE of Preston P. Keenan

6. DATE OF BIRTH (month, day, year) May 27 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME James Hudson

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Emma Matthews

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Mrs Alice Long

(Address) 630 Bartlett Av

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 30 1934

19. UNDERTAKER Leonard F. Jenkins Funeral Home

(Address) McCulloh & Eutaw Sts

20. FILED Jan 30 1934 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27/34 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 19 33 to Jan 27/34 19

I last saw her alive on Jan 24/34 19 death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral)	Jan 27/34

Other contributory causes of importance:
Arteriosclerosis
High blood pressure

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry B. Toomey, M. D.

(Address)

M. D. B 1268-9

E 97821 ✓ E 97821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Tomasi

(a) Residence: No. 1416 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Virgil Tomasi

6. DATE OF BIRTH (month, day, year) Nov 8/1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	2	26 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME ??? Utocchina

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Maria ???

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Virgil Tomasi
(Address) 1418 E. Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 30, 1934

19. UNDERTAKER Frank V. Pipitone
(Address) 218 E Balto St

JAN 29 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 28/34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
(Probably Embolis)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Jos. H. Carr, M. D.
Coroner

(Address) 508 E Monument

M. D. B. 1268-S

E 97822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 274 E. Monastery Ave St. 20-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Edward Mosley

(a) Residence: No. 274 E. Monastery Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 22, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year) 7 yrs

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George R. Mosley

14. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

MOTHER

15. MAIDEN NAME Lulay Ann Streaker

16. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

17. INFORMANT Mrs. Lulay Ann Mosley

(Address) 274 Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount View Date Jan 31 1934

19. UNDERTAKER Easton Sons

(Address) Ellicott City Md

20. FILED FEB 3 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 34

22. I HEREBY CERTIFY, That I attended deceased from June 1 1928 to Jan 29 1934

I last saw h[illegible] alive on Jan 29 1934 Death is said to have occurred on the day stated above, at 4.52 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1918
Tuberculous ostitis	1928
Tuberculous Arthritis	1930

Other contributory causes of importance: Myocardiac insufficiency 1934

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Nelson M. D.

(Address) 848 W 36th

M. D. B. 12-9 E 97823 ✓ E 97823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 79-001

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Kabenoff

(a) Residence: No. 742 Bradford St., ... Ward. Brooklyn NY
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isadore

6. DATE OF BIRTH (month, day, year): 3-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Milton Bluth

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Yetta Bluth

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Brooklyn NY Date 1/29/34

19. UNDERTAKER: Joseph Ahrens
(Address) 221 Bway

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934, to Jan 29, 1934
that I saw her alive on Jan 29, 1934. Death is said to have occurred on the date stated above, at 7 25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	1933
	Chron
Other contributory causes of importance:	
Meningitis (staphylococcal)	1-26-34

Name of operation Lumbar Exploration Date of 1-26-34

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A. Kimball, M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-A

E 37824

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37824

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 N. Calvert St., 7-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Wood

(a) Residence: No. 1721 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec about 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	84	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Thomas Wood

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Isabella Hall Speed

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John C. Davis
(Address) 136 West Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place Fremont Date 1-31-34

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED JAN 30 1934 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1934 to Jan 29 1934

I last saw her alive on Jan 28 1934 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Pneumonitis — Date of onset

Other contributory causes of importance:

senility - debility

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. M. Fillerman M. D.

(Address) 2324 Reisterstown Rd

M. D. B. 1268-9 E 97825 E 97825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lazarette Light House, Locality Ward) Patapsco

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME May Brown

(a) Residence: No. Lazarette Light House St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Chas. C. D. Brown

6. DATE OF BIRTH (month, day, year) May 5th 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Darius Phillips

14. BIRTHPLACE (city or town) (State or country) Rhode Island

MOTHER

15. MAIDEN NAME Mary Vohres

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Chas C D Brown

(Address) Lazaretto Light House

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 1st 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18 1933 to Jan 29 1934.

Last saw her alive on Jan 29 1934 Death is said to have occurred on the date stated above, at 1150 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1/24/33
Uremic Coma	1/28/34

Other contributory causes of importance:

Cardio-Vascular-Renal Disease

Name of operation None Date of -

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury - 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Augustine P. Loy, Jr. M. D.

(Address) 1145 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 E 97826

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97826

CERTIFICATE OF DEATH

93-003

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Grantley St. ST. 16-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John H. Harden Sr.

(a) RESIDENCE NO. 612 Grantley St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mary E. Harden

6 DATE OF BIRTH (month, day, and year) May 23rd 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer) Building

(c) Name of employer Standard Acid Works

9 BIRTHPLACE (city or town) London Co (State or country) Va

PARENTS

10 NAME OF FATHER Louis Harden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Martha Alexander

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Miss Daisy Harden

(Address) 612 Grantley St

15 Filed JAN 30 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28, 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1934, to Jan 28, 1934, that I last saw him alive on Jan 27, 1934 and that death occurred, on the date stated above, at 2 IN P. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis - Hypertension
Chronic Myocarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O Walter Bourne M. D.

, 19 (Address) 3603 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Jan 31st 1934

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

M. D. B. 1268-A E 97827

E 97827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 East Preston St., 10-01 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Peters

(a) Residence: No. 1111 East Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND (or) WIFE of Capt Charles G. Peters

6. DATE OF BIRTH (month, day, year) Dec 9-1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gerard Jacobs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Wm Siegmund

(Address) 1111 East Preston

18. BURIAL, CREMATION, OR REMOVAL

Place Bauchmans Date 1/31 34

19. UNDERTAKER William Burk

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 19 34 to Jan 27 19 34

I last saw her alive on Jan 27 19 34 Death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Regurgitation	4 day
Other contributory causes of importance:	
Acute Cardiac Dilatation	4 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

Spec.—2-29-28—L. F. S.—500 M.

E 97828

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97828

108

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3108 Virginia ave ST. 27-C WARD)

2—FULL NAME Mrs Emma M Meier

(a) RESIDENCE NO. 3108 Virginia ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry G Meier

6 DATE OF BIRTH (month, day, and year): June 16, 1854

7 AGE: 79 Years | 7 Months | 13 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Retired housekeeper

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry A Vondrell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Noe Sedman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Jno Conn, Conn

(Address): 3108 Virginia ave

15 Filed ____ 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29th 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 24th, 1934, to Jan 29, 1934, that I last saw h.... alive on Jan 28th, 1934, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Clinical

(Signed) C. D. Conner, M. D.

1-29, 1934 (Address) 4936 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Jan 31st 1934

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

M. D. B. 1268-9 E 9782 9

E 9782 9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 51

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3157 Lyndale Ave., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M. Cody

(a) Residence: No. 3157 Lyndale Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If married, widowed, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Annie E. Cody

6. DATE OF BIRTH (month, day, year) April 13 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodberry Cotton Mill

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Annie E. Knowles

(Address) 3157 Lyndale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 31st 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 to Jan 28 34

I last saw him alive on Jan 28 34 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neoplasm (Cancer) Prostate	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signature) Louis Krauss M. D.

(Address) Med. Arts Bldg.

M. D. H. 1268-9

E 97830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97830

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name) Baltimore City Hospitals (St.) 34-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie McKinney

(a) Residence: No. 2737 Lauretta Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank McKinney (Sp)

6. DATE OF BIRTH (month, day, year) May 3 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Grazer

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Emma Batty

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records

(Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 2-1- 19 37

19. UNDERTAKER Geo. W. Little

(Address) 2006 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1937, to Jan. 29 1937

I last saw her alive on Jan. 29, 1937 Death is said to have occurred on the date stated above, at 5 20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident, Left Hemiplegia, right.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Rhagel M. D.

(Address) Balt. City Hosp.

M. D. B. 12 E 97831

E 97831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 N. Caroline Street 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia L. Talbott

(a) Residence: No. 1600 N. Caroline St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. M. Talbott

6. DATE OF BIRTH (month, day, year) July 18, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George S. Cable

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Virginia Rennolds

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Wm. S. Talbott

(Address) 1600 N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan. 30. 1934

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

20. FILED [illegible] 19 34 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934 to January 27 1934

I last saw her alive on Jan 27 1934. Death is said to have occurred on the date stated above, at 10 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis + Intermitting Heart Dyspnea + Cardiac edema	

Other contributory causes of importance:

None	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following.

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C R O'Connor M. D.

(Address) 1701 E. Lombard

AACo. 5-31 250B

E 97832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

E 97832

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1008 S. Sharp St. 23-01 Ward)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Stewart.

(a) Residence: No. 1008 S. Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec — 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	— 1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Comission House

10. Date deceased last worked at this occupation (month and year) Oct — 1933.

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) a. a. Co. Maryland.

FATHER

13. NAME Joseph Stewart.

14. BIRTHPLACE (city or town) (State or country) a. a. Co. Maryland.

MOTHER

15. MAIDEN NAME Rebecca Harris

16. BIRTHPLACE (city or town) (State or country) a. a. Co. Maryland

17. INFORMANT Rebecca Thomas
(Address) 1008 S. Sharp

18. BURIAL, CREMATION, OR REMOVAL
Place Pr. Cem. Date 1/30, 1934

19. UNDERTAKER Isaac L. Brown
(Address) 1101 E. Monument St.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1934, to 1/27, 1934

I last saw h— alive on 1/26, 1934 death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	Sept 6 '33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) D. Ant Draudem M. D.

(Address) 122 W. Lee

M. D. B. 1200 E 97833

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 92833

CERTIFICATE OF DEATH

√ 93-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 Watson St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen May Dorsey

(a) Residence: No. 1029 Watson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Jan 30 . 1934

19. UNDERTAKER
(Address)

20. FILED 0076 . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 . 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 10 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ??? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) . M. D.
Coroner

(Address) 130 W. Fallsway

M. D. H. 1268-a

E 97834

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97834

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH Pronounced dead at Mercy Hospital

CITY OF BALTIMORE: (No. 4-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Lebenski

(a) Residence: No. 720 E Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer ? odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Jan 22 . 19 34

19. UNDERTAKER [illegible] (Address)

20. FILED 0077 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 . 1934

22. I HEREBY CERTIFY, That I attended deceased from January 19 to January . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: January

	Date of onset
Stenosis of Coronary Artery	Sudden

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Ind Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James A Hamilton Coroner M. D.

(Address) 704 E Chase

Spec.—1-10-24—M(T) 100 M. E 97835

E 97835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124.012

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 180 or Asburton ST. 15-01 WARD)

2-FULL NAME Albert R. Taylor

(a) RESIDENCE NO. 180 or Asburton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced (a) HUSBAND of (or) WIFE of Cora B Taylor

6 DATE OF BIRTH (month, day, and year) 7/29/1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	29	

8 OCCUPATION OF DECEASED.

(a) Trade, profession or particular kind of work Grain Elevator B & O R.R.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm H. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Anna Crook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Davies Mills Md.

14 Informant Cora B. Taylor

(Address) 180 Asburton St.

15 Filed JAN 30 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Jan 28, 1934,

that I last saw h alive on Jan 28, 1934,

and that death occurred, on the date stated above, at 7 0 m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

Chronic Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Bernard S. Ernest, M. D.

1/29, 1934 (Address) 2379 Arunah Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL 1/31/34

UNDERTAKER Geo H. Lembach ADDRESS Lembach

Very important. See instructions on back of certificates.

E 97836

M. D. B. 1268-5

E 97836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 Annapolis Rd St. 25-A Ward)

Length of residence in city or town where death occurred 1 yrs. — mos. 6 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Robert Elmer Collison

(a) Residence: No. 2009 Annapolis Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 24, 1934

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
6 days			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Harvey Collison

14. BIRTHPLACE (city or town) (State or country) Caroline Co Virginia

MOTHER

15. MAIDEN NAME Marie Bruce Collison

16. BIRTHPLACE (city or town) (State or country) Caroline Co Virginia

17. INFORMANT Parents above Stated
(Address) 2009 Annapolis Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 31. 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1934 to Jan. 29 1934

I last saw him alive on Jan. 29 1934 Death is said to have occurred on the date stated above, at 12 m. (midnight)

The principal cause of death and related causes of importance were as follows:

Jaundice of the Newborn
Prem. Hem. (?)

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Beatrice Ruberger M. D.

(Address) 2239 Annapolis Rd.

INSTRUCTIONS: It is very important that all questions be answered. See instructions on back of certificate.

M. D. R. 1268-9

E 97837

HEALTH DEPARTMENT—CITY OF BALTIMORE

97837

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Maryland Ave 12-01 Ward)

Length of residence in city or town where death occurred 17 yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carle Baker Pierce

(a) Residence: No. 2202 Maryland Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jesse W. Pierce

6. DATE OF BIRTH (month, day, year) 7-6-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Draftsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Gov.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scituate Mass.

FATHER

13. NAME Bradford F. Pierce.

14. BIRTHPLACE (city or town) (State or country) Providence Rhode Island

MOTHER

15. MAIDEN NAME Isabelle F. Otis

16. BIRTHPLACE (city or town) (State or country) Scituate Mass

17. INFORMANT Walter C. Pierce

(Address) 110 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL Providence Rhode Island Jan 30 1934

19. UNDERTAKER Chas. G. Black

(Address) 142 W. North ave.

20. FILED Jan 31 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29-1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Valvular Disease of the Heart.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Morrissey M. D. Coroner

(Address) 363 N. Poland Ave

M. D. P. 1268-9

E 97838

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97838

V 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-01 Ward)

Length of residence in city or town where death occurred ~~Life~~ mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Harriman

(a) Residence: No. 109 Hiawatha St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucia Belle

6. DATE OF BIRTH (month, day, year) April 4, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49 ?	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yards

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John J. Harriman

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sarah Purnell

16. BIRTHPLACE (city or town) (State or country) Portland Me

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Dec 30 1934

19. UNDERTAKER J. J. Gahagan Son (Address) 1318 Light St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5 1932 to Jan 25 1934

I last saw him alive on Jan 25 1934. Death is said to have occurred on the date stated above, at 11:53 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	18 mo ?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. D. Magid, M. D.

(Address) Balt. City Hosp

M. D. B. 1268-9

E 97839

97839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hanny Ziegler

(a) Residence: No. 502 East 28th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Filmore Scott

6. DATE OF BIRTH (month, day, year) 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lab

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Ziegler

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Ward

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Filmore Ziegler

(Address) 502 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Jan 31 1934

19. UNDERTAKER Mary M Mitchell

(Address) 201 E Lanvale St

20. FILED JAN 30 1934, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28 1934

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1934 to January 28, 1934

I last saw him alive on January 28, 1934 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia - lobar	
2. Myocardial insufficiency	V

Other contributory causes of importance:

Name of operation V Date of V

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J M Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. P. 1268-9

E 97840

HEALTH DEPARTMENT—CITY OF BALTIMORE

97840

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517. Hanover St. St., 23-01 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman H. Treff.

(a) Residence: No. 1517. Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E. Treff.

6. DATE OF BIRTH (month, day, year) Sep. 18. 1878.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Treff.

14. BIRTHPLACE (city or town) (State or country) Germy

MOTHER

15. MAIDEN NAME Wilhelmina Zuen.

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Mrs Florence E. Treff.

(Address) 1517. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sunday Park Date 1/30. 1934

19. UNDERTAKER E. L. Thomas Sons

(Address) 702 E. Lexington St.

20. FILED ... 19 ... Registrar.

1/31/1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1. 1933 to Jan 27. 1934

That saw h. m. alive on Jan. 27. 1934. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia nephritis	
Other contributory causes of importance: Hypertension	

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herman G. Voss M. D.

(Address) 5106 Harford Rd

M. D. B. 1268-9

E 97841

E 97841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4408 Forest View Ave Ward) 26-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis G. M. West

(a) Residence: No. 4408 Forest View Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E Hart

6. DATE OF BIRTH (month, day, year) Aug 6 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs Frank Pocock

(Address) 4408 Forest View Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Union Park Date Feby 1. 193

19. UNDERTAKER John Elliott

(Address) 1205 Eutaw

20. FILED 193 Registrar.

BN 30104

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1931 to Jan 29 1934

I last saw h alive on Jan 28 1934 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	3 yrs.
Chronic Myocarditis	3 yrs.
Other contributory causes of importance:	
Pulmonary oedema	3 days

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Stocker M. D.

(Address) 4116 Northern Parkway

M. D. B. 1268-A

E 97842

E 97842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 46 11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3027 E. Monument St., 1201 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Hagen

(a) Residence: No. 3027 E. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Hagen

6. DATE OF BIRTH (month, day, year) Aug 28 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	5 9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 080

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emma Hagen

(Address) 3027 E Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date July 2, 1934

19. UNDERTAKER John Ulrich

(Address) 2005 Eden

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1934 to June 28, 1934

I last saw him alive on June 25, 1934 Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	June 1934

Other contributory causes of importance:

Old age

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 3708 Eastern Ave

M. D. B. 1268-9

E 97843 Anna Appel E 97843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 26-01 St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Jan 31, 1934

19. UNDERTAKER Mt Carmel Com
(Address) John Wiemt 2005 Eliza Pk

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1933 to Jan 28 1934

I last saw her alive on Jan 28 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Renal Disease	1933
Other contributory causes of importance: Pernicious Anemia	1932

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Samuel Bittle M. D.

(Address) 1331 E. North Ave.

E 97844

M. D. B. 1208-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97844

MIRON SANDRU

94-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provincial Hospital 501 Ward)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Sandru
(a) Residence: No. 501 Ensworth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena Sandru

6. DATE OF BIRTH (month, day, year)	Years	Months	Days	If LESS than 1 day, hrs. or min.
7. AGE	about 56			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Romania

FATHER
13. NAME Marian Sdru
14. BIRTHPLACE (city or town) (State or country) Romania

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Romania

17. INFORMANT Ghiti Sandru
(Address) 6065 Savage

18. BURIAL, CREMATION, OR REMOVAL Jan 30, 1934
Place Mt Pleasant Cem. Date
19. UNDERTAKER Mendel & Shapiro
(Address) 3601 Eastern Ave

20. FILED JAN 30 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h alive on January, 19. Death is said to have occurred on the date stated above, at m.

The prinripal rause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	January
Arteriosclerosis Coronary artery	

Other contributory rauses of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external rauses (violence) fill in also the following:
Accident, suiride, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury ocrurred in industry, in home, or in publir plare .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no ..If so, sperify .....

(Signed) James H. Fowler, M. D. Coroner
(Address) 700 E. Lanvale

M. D. B. 1268-B

E 97845

HEALTH DEPARTMENT—CITY OF BALTIMORE

97845

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 07-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam Reier

(a) Residence: No. 3101 Batavia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Stiegler Reier

6. DATE OF BIRTH (month, day, year) March 5 - 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany Md.

FATHER

13. NAME Conrad Reier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) -

17. INFORMANT Dr. A. W. Reier
(Address) Dundalk Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date 2-1 1934

19. UNDERTAKER Leonard J Ryan
(Address) 5305 Raspe Rd
Huntington Williams Ave

20. FILED 2-1-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934, to Jan 29, 1934. That I last saw him alive on Jan 29, 1934. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance: Carbuncle of Neck	1-9-34

Name of operation Excision & drain. of Carbuncle Date of 1-24-34

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Howard Stackpole Jones Jr. M. D.

(Address) University Hospital.

M. D. B. 1265-9

E 97846

97846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-01 ...Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caleb Dorsey Tyson

(a) Residence: No. 3112 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian P. Tyson

6. DATE OF BIRTH (month, day, year) December 6, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	-	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Material

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat. Building Supply Co.

10. Date deceased last worked at this occupation (month, day, year) Nov. 1929

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

FATHER

13. NAME Jonathan Tyson

14. BIRTHPLACE (city or town) (State or country) Frederick Maryland

MOTHER

15. MAIDEN NAME Elizabeth Baer

16. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

17. INFORMANT Mr. Dorsey P. Tyson
(Address) 3112 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Jan. 31, 1934

19. UNDERTAKER Geo. W. Cook
(Address) 1003 E. Baltimore, St.

Filed ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw him alive on ... 19 ... Death is said to have occurred on the date stated above, at 12.30A m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Uraemia

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John J. Morrissey Coroner M. D.

(Address) 3652 Roland Ave.

M. D. B. 1268-9

97847

E 97847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 Callow Ave (Carlisgate) St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Steudler

(a) Residence: No. 2427 Callow Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles F. Steudler

6. DATE OF BIRTH (month, day, year) March 5 [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Nathan Amens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Bloss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Nathan Steudler

(Address) 2427 Callow Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Cemetery Date 1/31/1934

19. UNDERTAKER Strang & Co

(Address) 24 34 Reisterstown Rd.

20. FILED Huntington Mills, Md.

Registrar.

01634

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934, to Jan 29, 1934

last saw her alive on Jan 29, 1934. Death is said to have occurred on the date stated above, at 9:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Myocarditis	2 years
Bronchopneumonia (hypostatic)	7 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Leib, M. D.

(Address) Temple Garden

M. D. B. 1268-9 E 97848 ✓ E 97848

HEALTH DEPARTMENT—CITY OF BALTIMORE

280-73 × 46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. 11 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Thomas Coward

(a) Residence: No. Aiken S.C. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/13/69

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64 65	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Farmer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Ricardo
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Augusta Georgia Date Jan 31 1934

19. UNDERTAKER John C Miller
(Address) 1435 E Oliver St

Filed Jan 31 1934 Huntington Hill Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1934 to Jan 30, 1934

I last saw him alive on Jan 30, 1934 Death is said to have occurred on the date stated above, at 5:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	
Pneumonia, Bronchial (Post Operative)	

Other contributory causes of importance:

Name of operation Exploratory Thoracotomy Date of Jan 30, 1934

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M R Woodhace M. D.

(Address) Johns Hopkins Hosp.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 97849 ✓ E 97849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No. 108

1-PLACE OF DEATH

City of BALTIMORE: (No. 2213 N. Fulton Ave St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Rowe

(a) Residence No. 2213 N. Fulton Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine Rowe

6-DATE OF BIRTH (month, day and year) Dec. 9 1868

7-AGE. 65 yrs. 1 mos. 21 ds.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cabinet maker

(b) General nature of industry, business, or establishment in which employed (or employer) Old

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Maryland

10-NAME OF FATHER Levi Rowe

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Union Bridge, Md.

12-MAIDEN NAME OF MOTHER. Ellen Engler

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Union Bridge, Md.

14-(Informant) Hilda Rowe

(Address) 2213 N. Fulton Ave.

Rec'd JAN 31 1934 ..... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Jan. 30, 1934

17-I HEREBY CERTIFY, That I attended deceased from Jan. 13 1934 to Jan. 29 1934

that I last saw him alive on Jan. 29 1934

and that death occurred, on the date stated above, at 4 55A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) None

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? "

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

1/30/34 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL. Feb 1st 1934

20-UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

M. D. F. 1268-J

E 97850

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97850

CERTIFICATE OF DEATH

93-004

Registered No. 23-81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 Patapsco St. St., 23-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. --mos-- ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Ella M. Grimm.

(a) Residence: No. 1032 Patapsco St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced
HUSBAND of
(or) WIFE of William Grimm.

6. DATE OF BIRTH (month, day, year) May 24, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania.

FATHER

13. NAME William Musgrave.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Anna E. Bigle.

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT William Grimm. (husband)
(Address) 1032 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 31st 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto M. Reinhardt, M. D. Coroner

1/29/34 (Address) 1017 E. Charles St.

M. D. B. 1288-9 E 97851 ✓ E 97851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Homewood Ave 9-6 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary W. Robinson

(a) Residence: No. 2221 Homewood Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of Samuel Robinson

6. DATE OF BIRTH (month, day, year) Oct 4th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Louise Duncan

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret N. Mason

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT James D. Robinson

(Address) 2221 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 1st 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from . 1930 to Jan 30 . 1934

I last saw her alive on Jan 29 . 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	Sept 1930
Other contributory causes of importance:	
Myocarditis	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) ..... 2425 Maryland Ave . M. D.

(Address)

M. D. H. 1268-9

E 97852

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97852

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 N. Guilford Ave. St., 11-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Robert Wilson

(a) Residence: No. 1208 N. Guilford Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie R. Bowen

6. DATE OF BIRTH (month, day, year): July 8, 1843.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clerk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harford Co. Maryland

FATHER

13. NAME: Samuel E. Wilson

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Sarah Price

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT: Mr. Samuel Wilson

(Address) 2202-E. Chase Street.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19...

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from January ..., 1933 to January 29 ..., 1933

I last saw h... alive on January ..., 1933. Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	

Other contributory causes of importance:

Arteriosclerosis	16 years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter Leonard M. D.

(Address) 313 Cheapside Rd

M. D. B. 1268-9

E 97853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hospitals (Ward) 20-21

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 7 yrs. ... mos. ... ds.

2. FULL NAME Angelo Paul Cassetta

(a) Residence: No. 2420 Lauretta St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Cassetta

6. DATE OF BIRTH (month, day, year) April 1, 1878

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
55	10	27	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 614

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Paul Cassetta

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Perna

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Friends (Address) East City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 2/1/34 19

19. UNDERTAKER Geo. J. Roth Sons (Address) 1765 Hanover cor. Ostend

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1934 to Jan 28, 1934 Last saw him alive on Jan 28, 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, right frontal lobe	?
Other contributory causes of importance:	unk

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Phagel M. D.

(Address) East. City Hosp.

M. D. B. 1268

E 97851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97851

117-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME David Cramer

(a) Residence: No. 457 N. Gay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME James Cramer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 1/31/34 19

19. UNDERTAKER Jack Levin Sons
(Address) 1439 E Balto St.

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1934 to Jan. 29, 1934

I last saw h.im alive on Jan. 29, 1934 Death is said to have occurred on the date stated above, at 8:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	Jan. 29
Bronchopneumonia	Jan 20
Pulmonary edema	Jan 27
Other contributory causes of importance: Post. gastro-enterostomy for ulcer of stomach - followed by intestinal obstruction	Jan. 18
	Jan. 29

Name of operation Post. gastro enterostomy Date of Jan. 18

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Weinman M. D.

(Address)

Please do not write on this or back of certificate.

M. D. F 1261-9

E 9:855

✓ E 9:855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 S Milton St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Frank Dziwanowski

(a) Residence: No. 703 S Milton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Colored	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 29 '34

7. AGE Years	Months	Days	If LESS than 1 day 21 hrs. or min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Antoni Dziwanski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Frances Borowa

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Antoni Dziwanowske

(Address) 703 S Milton

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 31, 1934

19. UNDERTAKER Wm J Hayes & Son

(Address) 1930 Eastern Ave

20. FILED Jan 31, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ——, 19..., to ——, 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Malformation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. H. Hargrove M.D. M. D.
Coroner

(Address) 1305 N Patterson Park Ave

M. D. B. 1268-9

E 92856 ✓ E 97856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH Declared dead at 3-01

CITY OF BALTIMORE: (No. Hopkins Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Wladyslaw Frank Federowicz

(a) Residence: No. 1818 Thames St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Apolonia Federowicz 1882

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Federowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Apolonia Federowicz

(Address) 1818 Thames St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 1 1934

19. UNDERTAKER Wm. J. Daniels

(Address) 1930 Eastern Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 29 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at about 10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury ..., 19..

Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home- slipped on stairs

Manner of injury 2nd to 1st floor-this man

Nature of injury was blind.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. J. Kaes M. D.

(Address) 8 E Mt Vernon

M. D. B. 12[illegible] E 97857 ✓ E 97857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-005

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 26-01 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William Edwards

(a) Residence: No. 40 S. Murray St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) November 22, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	19	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME George Edwards

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Emma Knoblock

16. BIRTHPLACE (city or town) [illegible] (State or country) Pa

17. INFORMANT [illegible] Edwards
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 1st 1934

19. UNDERTAKER Frederick A Cole
(Address) 1200 W Lombard St

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-24, 1934, to 1-27, 1934

I last saw h[illegible] alive on 1-27, 1934. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured [illegible] tumor	1-24
Peritonitis, [illegible]	1-24

Other contributory causes of importance:

Name of operation [illegible] tumor Date of 1-24-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97858

CERTIFICATE OF DEATH

92-006

E 97858

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hosp St., 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Huston

(a) Residence: No. 909 N. Arlington St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) Mch.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wm Huston

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary E. Hall
(Address) 909 Arlington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1-31-34

19. UNDERTAKER Ernest Taylor
(Address) 716 Eutaw

FILED ... 19... Registrar.

JAN 31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... a. m. / p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. L. Kirk Coroner, M. D.
(Address) Coroner

M. D. B. 1268-9

E 97859

97859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH: Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? Life yrs. ... mos. ... ds.

2. FULL NAME: Olga De Shields Shortts

(a) Residence: No. 5203 Dunmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Charles Shortts

6. DATE OF BIRTH (month, day, year): Nov. 16, 1895

7. AGE: Years 38 | Months 2 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 3

11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (city or town) (State or country): Salisbury Md

FATHER

13. NAME: Charles De Shields

14. BIRTHPLACE (city or town) (State or country): Salisbury Md

MOTHER

15. MAIDEN NAME: Eliz Steward

16. BIRTHPLACE (city or town) (State or country): Salisbury Md

17. INFORMANT: Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cemetery Date: Jan 31st 1934

19. UNDERTAKER: Undertaker Geo. Geddes
(Address) 218 W. Lanvale St.

20. FILED: JAN 31 1934 Registrar. Peter Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 27 1934

22. I HEREBY CERTIFY, that I attended deceased from Dec 8 1933 to Jan 27 1934

I last saw her alive on Jan 27 1934 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis - Genito urinary Tuberculosis. — Duration 1 yr

Other contributory causes of importance: Anemia Secondary — Bronchopneumonia — 1/25/34

Name of operation None — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. R. Bourn M. D.

(Address) Public City Hosp

M. D. P. 1268-9 E 97860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97860

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 S Pulaski St. 20-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William X Stone

(a) Residence: No. 301 S Pulaski St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Stone

6. DATE OF BIRTH (month, day, year) March 2nd 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
776		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Personal Cleaning

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Williamsport Md

FATHER

13. NAME John Stone

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hartzenzone

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lee Ernst
(Address) 1610 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Feb 1st 1934

19. UNDERTAKER J. S. Wagner & Son
(Address) 1311 Eastern Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30/34

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1933 to Jan 30 1934

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Coronary Occlusion - Cerebral Hemorrhage	1 yr
Other contributory causes of importance: Pulmonary edema	1 day

Name of operation None Date of ...

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Benjamin Mills M. D.

(Address) 20 E. Chase St

M. D. B. 1268-9

E 97861

HEALTH DEPARTMENT—CITY OF BALTIMORE

97861

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 30-01 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lawrence Ogle

(a) Residence: No. 2664 Fredrick Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 5 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME Theodore W. Ogle

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Florence Ivy

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Mrs. Florence Howard
(Address) 2664 Fredrick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Davidsonville Md. Date Feb. 1st 1934

19. UNDERTAKER George L. Schmidt
(Address) 2661 Fredrick Ave.

20. FILED ..... 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-29 1934 to 1-30 1934

I last saw he alive on 1-30 1934 Death is said to have occurred on the date stated above, at 7 AM m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis 7 years
Pulmonary Tuberculosis

Date of onset
a
b

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry O Zeller M. D.

(Address) Univ. Hospital

M. D. B. 1268-2

E 97862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97862

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3025 E Baltimore St., 1-01 Ward)

Length of residence in city or town where death occurred 6 yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph S. Lee Jr

(a) Residence: No. 3025 E. Baltimore St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 30. 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph S Lee Sr

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elsie Hughes

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Elsie Lee
(Address) 3025 E Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Feby 2. 19 34

19. UNDERTAKER John Ulrich & Sons
(Address) 1008 Orleans St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1934 to Jan 30 1934

I last saw h[illegible] alive on Jan 30 1934 Death is said to have occurred on the date stated above, at 2[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.

(Address) 3015 Ellwood Ave

M. D. B. 1248-9

97863 ✓ E 97863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., No-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William E White

(a) Residence: No. 3249 E Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day.. hrs. or min.
60 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lythe Hubbard

(Address) Tyndale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Feby 2. 1934

19. UNDERTAKER John Ullrich

(Address) 2108 Orleans St.

20. FILED JAN 31 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ... Date of No

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. C. Herzog M.D. Coroner

(Address) 1205 N. Fulton Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97864

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Red St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Spruell

(a) Residence: No. 516 Eden St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: black
5. Single, Married, Widowed, or Divorced (write the word): Child
6. If married, widowed, or divorced — HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): unknown
7. AGE — Years: 8; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date Jan 31 1934

19. UNDERTAKER: Edw Bryson
(Address) 1631 Orleans St

20. FILED JAN 31 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1934 to Jan 28 1934
I last saw her alive on Jan 28 1934 Death is said to have occurred on the date stated above, at 3.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Dec 25 1933

Other contributory causes of importance:
Pulmonary tbc. Ulcerated
(9) Tonsils, throat, right upper lobe —

Name of operation: None Date of —
What test confirmed diagnosis? L. P. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Arthur H. Hynd M. D.
(Address) John Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 92865 | E 92865 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1306 Greenmount Ave (Ward) 64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Valls

(a) Residence: No. 314 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of John T. Valls

6. DATE OF BIRTH (month, day, year) April 24th 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) London Co Va

FATHER

13. NAME Carbaily Valls

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary T. Ridgeway

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mamie Valls

(Address) 1306 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Alexandria Va Date Feb 1st 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Feb 1 1934, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1933 to Jan 28 1934

I last saw her alive on Jan 28 1934 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days

Other contributory causes of importance:

Cardiac Asthenia	1

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert L. Levy M. D.

(Address) 727 E. Fayette St

M. D. B 1268-0

Benzia ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

97866

CERTIFICATE OF DEATH

108 E 97866

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert S. Benzie

(a) Residence: No. 1503 North Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keelty Brown Co

10. Date deceased last worked at this occupation (month and year) Jan 24 1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tuttleburg Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rev. J. B. Kennedy

(Address) Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Tuttleburg Pa Date 1/31 19 34

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

20. FILED JAN 31 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31 1934

22. I HEREBY CERTIFY, That I attended deceased from January 26 1934 to January 31 1934

I last saw him alive on January 31 1934 Death is said to have occurred on the date stated above, at 10 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia - Lobar (type IV)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, where? .....

(Signed) J. M. Magenheller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9?867 9?867

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4002 Clifton Ave 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Armstrong

(a) Residence: No. 4002 Clifton Ave St., Ward. England.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. Color or Race White

5. ~~Single, Married~~ or ~~Divorced~~ (write the word) Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Charles Armstrong

6. DATE OF BIRTH (month, day, year) July 8th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Edward Fawcett

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Rowes

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Edward Fallon
(Address) 4002 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Chicago Ill Date Jan 31st 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 31 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1934 to Jan 30 1934

I last saw h.r alive on Jan 30 1934 Death is said to have occurred on the date stated above, at 2.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis and 2. Chronic Myocarditis	1 yr.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Isaac C Dickerson M. D.

(Address) 3055 N. North Ave.

M. D. B. 1269-5

M ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97868 — 2 10-41 — E 97868

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3738 Brooklyn Ave St., 25-01 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Joseph Wienhold

(a) Residence: No. 3738 Brooklyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced
HUSBAND of Irene E.
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 12, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	0	17	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mayfair Drink Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME August Wienhold
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Matilda Thiel
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Irene E. Wienhold
(Address) 3738 Brooklyn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/1 '34

19. UNDERTAKER Mc Cosh
(Address) 1212 E. Fayette St

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19..

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 11 55 P m.

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull — Date of onset

Other contributory causes of importance:

Antemortem Accident

Name of operation none Date of

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 1/24, 19..
Where did injury occur? Fayette & Calvert Sts (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Auto in which he was riding collided with another
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2202 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97869

CERTIFICATE OF DEATH

E 97869

93-004

Registered No.

Pronounced dead at

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W Stanley

(a) Residence: No. 5917 Burgess Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Annie Stanley

6. DATE OF BIRTH (month, day, year): May 2/1871

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bartlett-Hayward

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country): Baltimd

FATHER

13. NAME: Stanley

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Mrs Annie Stanley

(Address) 5917 Burgess Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Mem Pk Date Jan 31. 1934

19. UNDERTAKER: Philip Hunting Sons

(Address) 2016 Pulaski St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at about 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Mucoardial Insuffi	Kney

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19 .

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Lawn Coroner. M. D.

(Address) 508 E Fayette

M. D. B. 1268-9 E 97870 E 97870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 N. Milton Ave. St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 9 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Washington Fountain

(a) Residence: No. 1525 N. Milton Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca Jane Fountain

6. DATE OF BIRTH (month, day, year) Sept. 6, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9 4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Jackson Fountain

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Howard E. Fountain
(Address) 4604 Leeds Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Jan. 31, 1934

19. UNDERTAKER Wm. J. Tichenor & Son
(Address) North & Pa Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at about 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
(Senile Sclerosis)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph Carey M. D.
Coroner

(Address) 1056 North Ave

M. D. B. 1268-6

E 9?871

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 9?871

CERTIFICATE OF DEATH

Registered No. V 59

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 27-31
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Llewellyn M. Carlton (Llewellyn Millard Carlton)

(a) Residence: No. 220 Oakdale Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Lee H. Major Carlton

6. DATE OF BIRTH (month, day, year) November 8, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. master
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co. Seaman
10. Date deceased last worked at this occupation (month and year) 1-25-34
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Urbana (State or country) Virginia

FATHER

13. NAME Richard Carlton
14. BIRTHPLACE (city or town) Urbana (State or country) Va.

MOTHER

15. MAIDEN NAME Lydia ~~Snead~~ Snead
16. BIRTHPLACE (city or town) Urbana (State or country) Va.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb. 1, 1934

19. UNDERTAKER Wm. J. Tickner & Son
(Address) North & Fe ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1934 to January 30, 1934
I last saw him alive on January 30, 1934 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	6 yrs.
Other contributory causes of importance:	
Pneumonia, lobular, left	1-11-34

Name of operation None Date of .....
What test confirmed diagnosis? physical exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) G. Abbott M. D.
(Address) U.S. Marine Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 9787 2 E 9787

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Connolly

(a) Residence: No. 1309 S Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Connelly

6. DATE OF BIRTH (month, day, year) Jan 11-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Falls Md

FATHER

13. NAME Edward Connelly

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Falls Md

17. INFORMANT Robert Donnagan

(Address) 1309 S Clinton

18. BURIAL, CREMATION, OR REMOVAL.

Place New Cathedral Date Feb. 1 - 1934

19. UNDERTAKER Selby & Zeller Inc.

(Address) 703 N Howard St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Tongue	
Carcinoma	

Other contributory causes of importance:

Name of operation ... Date of No

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) D Stevenson M.D. M. D.
Coroner

(Address) 1305 N Wolfe St

M. D. B. 1265-9

97873

HEALTH DEPARTMENT—CITY OF BALTIMORE

97873

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728. S Robinson St St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Wich

(a) Residence: No. 728. S Robinson St St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Wich

6. DATE OF BIRTH (month, day, year) Sept, 20. 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house_wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Stecher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Wich(Husband)
(Address) 728. S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Hearts Date Feb. 1 1924

19. UNDERTAKER Lacy & Tuley Inc
(Address) 733 W Fayette St

20. FILED ..... 19..... Registrar.

JAN 31 1924

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1924

22. I HEREBY CERTIFY, That I attended deceased from Jan - 26 - 1924 to ..... 19.....
I last saw h[illegible] alive on Jan 28 1924 Death is said to have occurred on the date stated above, at 9.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic Valvular	
Dr -	2 yr
Other contributory causes of importance: Cerebral Embolus (Cortical)	
	3 Days
Autopsy	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify .....

(Signed) Frank E Bruce M. D.
(Address) 125 W Mulberry —

M. D. B. 1268-9

E 97874

97874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N. Fulton Ave. St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie R. Klare

(a) Residence: No. 606 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard Klare

6. DATE OF BIRTH (month, day, year): Jany. 29. 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Andrew Reuter

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Husson

16. BIRTHPLACE (city or town) (State or country): Alsace Lorraine

17. INFORMANT: Mrs. Bessie Wall
(Address) 606 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jany 31, 1934

19. UNDERTAKER: John O. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jany 29. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23. 1934. to Jan. 29. 1934

I last saw h[illegible] alive on Jan. 29. 1934 Death is said to have occurred on the date stated above, at 10 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria-sclerosis,	1924
Chronic Int. Nephritis	1928
Myocardial Insuff.	1929
Cerebral Hemorrhage.	1/23/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer C. Todd, M. D.

(Address) 735 N. Fulton Ave.

Dr. Todd.

M. D. B. 1268-9

E 97875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 3-01 Ward)

Registered No. 99

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillie Miller

(a) Residence: No. 1614 Bank St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): unknown

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single.

6. DATE OF BIRTH (month, day, year) August 18 67

7. AGE: Years 66 | Months 11 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Emmanuel

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Co Date Feb 2 - 1934

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 1123 Light Street

20. FILED ... 19 ... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1934 to Jan 29 1934

I last saw her alive on Jan 29 1934 Death is said to have occurred on the date stated above, at 2.25 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of ovary, right
c subsequent General peritoneal carcinomatosis
(Pt. was in an inoperable state when first seen here on 6-20-34)

Date of onset 6-20-34

Other contributory causes of importance:
Recurrent ascites
Hypertension

Name of operation Abdominal paracentesis for Ascites Date of 12-4-33

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. Allison M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1263-9

E 97876

97876 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2744 Winchester St. St. 16-01 Ward)

Length of residence in city or town where death occurred 71 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George M. Coberth

(a) Residence: No. 2744 Winchester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian Russell

6. DATE OF BIRTH (month, day, year) Feby. 8. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lloyd Coberth

14. BIRTHPLACE (city or town) (State or country) maryland

MOTHER

15. MAIDEN NAME Wilhelmina Crockett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Lillian Russell Coberth
(Address) 2744 Winchester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feby. 1. 1934

19. UNDERTAKER John [illegible] Sons
(Address) 1900 Eutaw Place

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 29. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 0 . 19 34 to Jan 29 . 19 34

I last saw him alive on Jan 29 . 19 34 Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis.	
Arteriosclerosis.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ernest W. Rahe M. D.

(Address) 3005 W. North Ave.

Spec.—8-16-29—L. F. S.—100 Blks.

(Hancock) ✓

E 97877 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 97877

95-002

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 235 Arlington Ave ST. 18-01 WARD)

2—FULL NAME Ida Bell Hancock

(a) RESIDENCE NO. 235 Arlington Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 10 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Wht	Widow

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Mar 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Jas Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rebecca Meeks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Mrs Ida Hancock

(Address) 235 S. Arlington Ave

Filed _____, 19 1934 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1934

17

I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934, to Jan 2, 1934, that I last saw h alive on Jan 19, 1934 and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

2 yrs (duration) 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Norwood, M. D.

Jan 30 1934 (Address) 409 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Geo. L. Smith	Feb 2 1934
20 UNDERTAKER	ADDRESS
Dodd Ridge	1005 Eutaw Pl

M. D. B 1208-9

E 97878

HEALTH DEPARTMENT—CITY OF BALTIMORE

97878

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH Found floating in the water at

CITY OF BALTIMORE: (No. Key Highway & Covington St. 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. --- mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Sims.(C)

(a) Residence: No. 3 N. York St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia.

MOTHER FATHER

13. NAME John Sims.(C)

14. BIRTHPLACE (city or town) (State or country) Georgia.

15. MAIDEN NAME Lettie Martin.(C)

16. BIRTHPLACE (city or town) (State or country) Georgia.

17. INFORMANT Thomas Martin.(C) uncle.

(Address) 1132 Howard Rd. Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Ntl. Date 1/31/34 19

19. UNDERTAKER Sam'l J. Goodlett

(Address) 518 N. Bridge Ave

20. FILED 19 Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Body found January 29, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probably accidental.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt M. D.

Coroner

(Address) 1017 N. Charles St. 1/31/34

M. D. B. 1265-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 9787

9787

93-003

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2935 O'Donnell St. 1-01 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ludwig Faber

(a) Residence: No. 2935 O'Donnell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Faber

6. DATE OF BIRTH (month, day, year) Sept. 24 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year) 0 5

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Louis P. Faber

(Address) 2935 O'Donnell St

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem. Date Jan 31 1934

19. UNDERTAKER George W. Fickler

(Address) 37 E. Eager St.

FILED JAN 31 1934 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1933 to Jan 28 1934

I last saw h alive on 1-27-34 19..... Death is said to have occurred on the date stated above, at 12:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?
Other contributory causes of importance:	
Chr. Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....

Specify whether injury occurred in industry, in home, or in public place Father's Home

Manner of injury Fall

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify ..... M. D.

(Signed) .....

(Address) .....

A. D. H. 1968-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97880

97880

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Whatcoat St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Smith

(a) Residence: No. 1307 Whatcoat St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmd	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Smith

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	52		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Mahorney

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mahorney

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary E Smith

(Address) 1406 N Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/31/34

19. UNDERTAKER Mrs. George H. Holland

(Address) 1631 Druid Hill Ave

FILED ... 19 ... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28th 1934

22. I HEREBY CERTIFY That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Jan 25th. Death is said to have occurred on the date stated above, at ... m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Years
Senility	

Other contributory causes of importance:

Name of operation Regular Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Link Coroner, M. D.

(Address) ...

M. D. F 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97881

CERTIFICATE OF DEATH

E 97881

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp St. 14-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas Brooks

(a) Residence: No. 578 Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1870

7. AGE: Years 64 63; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: odo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: My

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Geo Brooks

(Address): 578 Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Date: 1/1/34 19

19. UNDERTAKER: Mrs. George B Holland

(Address): 1631 Druid Hill Ave

FILED: JAN 31 1934 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Tuesday. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Few hours	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Leland Faulk M. D. Coroner

(Address) Coroner

Spec.—1-19-21—M&T—1500 Blks.

E 97882

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97882

CERTIFICATE OF DEATH.

REGISTERED NO. 159

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 1430 Mill Race Rd (St.) 13-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leona Gertrude Burke

(a) RESIDENCE NO. 1430 Mill Race Rd ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 hours ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29/34

7 AGE: Years | Months | Days | If LESS than 1 day, hrs or min. 6

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 1430 Mill Race Rd Balto Md

PARENTS

10 NAME OF FATHER Jesse Anderson Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Rockingham Co Va

12 MAIDEN NAME OF MOTHER Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Married Balto Md

14 Informant Mrs. Leona Gertrude Burke

(Address) 1430 Mill Race Rd

15 Filed JAN 31 1934 [illegible] Registrar

0020

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934, to Jan 30, 1934, that I last saw her alive on Jan 30, 1934, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Premature Abort.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Influenza in Mother.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? By Mother

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 5807 Park Heights

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U of M Med College — DATE OF BURIAL: Jan 31 1934

20 UNDERTAKER: Commissioner Health — ADDRESS

M. D. B. 1268-9

✓ E 97883

97883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Williams

(a) Residence: No. 919 Druid St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Williams

6. DATE OF BIRTH (month, day, year) Oct 6-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John H. Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah H. Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harriet Brown

(Address) 1500 Druid Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park National Date February 1st 1904

19. UNDERTAKER Joseph A. Sivley

(Address) 4019 W. Mount Street

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1904

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to gun-shot wound of liver

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury Jan 28, 1904

Where did injury occur? Druid Lane (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Gun-shot wound

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) ... Coroner ... M. D.

(Address) ...

M. D. B. 1268-9 E 97884 ✓ E 97884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Proctor

(a) Residence: No. 1452 Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Grant Proctor

14. BIRTHPLACE (city or town) Charles Co
(State or country) Md

MOTHER

15. MAIDEN NAME Cora ?

16. BIRTHPLACE (city or town) Charles Co
(State or country) Md

17. INFORMANT Friends
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park National Date February 2, 1934

19. UNDERTAKER Joseph A. Lively
(Address) 4099 N. Mount Street

FILED JAN 31 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1934 to Jan 29, 1934

I last saw him alive on Jan 29, 1934. Death is said to have occurred on the date stated above, at 10:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I. P. Magee, M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

E 97885

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97885

V 50

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. E. Fourty third St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Anna Cranz

(a) Residence: No. 309 Cathedral St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 12, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wurtemburg Germany

FATHER

13. NAME August Cranz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Union Memorial Hosp. Miss Anna Cranz

(Address) E. 43rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Feb. 2 1934

19. UNDERTAKER Wm. H. Cook

(Address) 1003 E. Baltimore St.

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31st 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1934 to Jan. 31st 1934

Last saw h. E.R. alive on Jan. 31st 1934. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroid Cancer	
Carcinoma of breast, left	Nov. 1932
Other contributory causes of importance:	
Arteriosclerotic heart disease	
Coronary thrombosis	Nov. 1933

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Pearce M. D.

(Address) Union Memorial Hosp.

See instructions on back of certificate.

M. D. B. 1268-9

E 97886

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97886

CERTIFICATE OF DEATH

V 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1769 Montepelier St. St. E-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary louisa Murray

(a) Residence: No. 1769 Montepelier St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Columbus Murray

6. DATE OF BIRTH (month, day, year) Nov. 18, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bridgeton Pa.

FATHER

13. NAME Joseph Keadey

14. BIRTHPLACE (city or town) (State or country) Bridgeton Pa.

MOTHER

15. MAIDEN NAME Anna Gillespie

16. BIRTHPLACE (city or town) (State or country) Chambersburg Pa.

17. INFORMANT Miss Ella Keadey

(Address) 1769 Montepelier St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 2/2/34 19

19. UNDERTAKER C. V. Semmow

(Address) 4611 Park Heights Ave

20. Filed 19 Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to Jan 30 19 34

I last saw h[illegible] alive on Jan 30 1934. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart disease	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frth. X Kinzer M. D.

(Address) 2700 Maryland Ave.

M. D. B. 1268-9

97887 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 97887

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 N.Bethel Street, St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary R.Seitz

(a) Residence: No. 1400 N.Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John William Seitz

6. DATE OF BIRTH (month, day, year) Aug.5, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
47	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Michael Napfel

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Christina R.Koestuor

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs.Sommerlock
(Address) 2136 E.Oliver Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date 1/31/34, 19

19. UNDERTAKER George J. Ruth Son
(Address) 1235 Hollins St. Baltimore, Md.

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at A.M. m

The principal cause of death and related causes of importance were as follows:

Probably Chr Myocarditis — Date of onset

Other contributory causes of importance:

Very Obese

Name of operation Date of

What test confirmed diagnosis? Clini Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Hollin Coroner, M. D.

(Address) 508 E Fayette

M. D. B. 1268-9

E 97888

HEALTH DEPARTMENT—CITY OF BALTIMORE

97888

CERTIFICATE OF DEATH

51

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 E. North Ave. St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Nixon

(a) Residence: No. 2309 E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bertha (Langguth)

6. DATE OF BIRTH (month, day, year) Sept. 12, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
78	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 409

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Nixon

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary (Unknown)

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Lillian Miles
(Address) 2309 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Feb. 2, 1934

19. UNDERTAKER [illegible]
(Address) 1731 [illegible]

20. FILED 2-1 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933 to January 30, 1934

I last saw him alive on January 30, 1934 Death is said to have occurred on the date stated above, at 1430 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder (primary)	Years ago
Carcinoma of Prostate	Years ago
Other contributory causes of importance: Cachexia and Metastasis	2 months ago.

Name of operation ____ Date of ____

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Albert Pierpaoli, M. D.

(Address) 2705 E. North Ave.

97889
89

HEALTH DEPARTMENT—CITY OF BALTIMORE

97889

97889

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: 3123 Brighton St 16-01 (No. 3123 St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena E. Wonderly

(a) Residence: No. 3123 Brighton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Leo W. Wonderly

6. DATE OF BIRTH (month, day, year): Sept 25-1860

7. AGE: Years: 73 | Months: 4 | Days: 6 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 137

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Martinsburg W Va

13. NAME OF FATHER: Wm Lemon W Va

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME OF MOTHER:

16. BIRTHPLACE (city or town) (State or country): W. Va

17. INFORMANT: Geo W. Wonderly

(Address) 3123 Brighton

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cem. Feb 2, 1934

19. UNDERTAKER: Wm. H. Smith Co.

(Address) 1900 Eutaw Place

FILED: Feb 1 1934 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to Jan 30, 1934

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Duration

Chronic Myocarditis — 1 yr

Other contributory causes of importance:

Name of operation: Regular — Date of: ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Gluck, M. D. Coroner

(Address) ...

M. D. B 1268-9

E 97890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 34 E 97890

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Walter Booze

(a) Residence: No. Gailesville, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Booze

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Shucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 049

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gailesville, Md.

FATHER

13. NAME Thomas Booze

14. BIRTHPLACE (city or town) (State or country) Gailesville, Md.

MOTHER

15. MAIDEN NAME Martha Gross

16. BIRTHPLACE (city or town) (State or country) Gailesville, Md.

17. INFORMANT Hopkins Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Galesville Date Jan 6th 1934

19. UNDERTAKER H. A. Slaughter

(Address) Galesville Md

20. FILED JAN 11 1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 31/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Pneumonic Lumbar Puncture)	1 wk
Lobar Pneumonia	2 wks

Other contributory causes of importance:

Syphilitic Aortic Insufficiency

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. H. Mullen Coroner, M. D.

(Address) 506 E. Monroe

M. D. B. 1568-6 E 97891

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97891

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3415 Chesley Ave St. Avenly Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anton Ruhman

(a) Residence: No. 3415 Chesley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Ruhman

6. DATE OF BIRTH (month, day, year) March 11 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Cabinet Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Arthur Ruhman

(Address) 3415 Chesley Ave

18. BURIAL, CREMATION, OR REMOVAL Harlem Cross (Cem) Date 2/3 1934

19. UNDERTAKER E. J. Hahn

(Address) 1125 W. Fay St.

20. FILED 1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1934

22. I HEREBY CERTIFY, That I attended deceased from January 21 1934 to Jan 30 1934

That I last saw him alive on Jan 30 1934 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Other contributory causes of importance: Arteriosclerosis, Hypertension & Myocarditis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) John A. Schwenck M. D.

(Address) 1337 S. Charles St

Spec.—1-30—M. & T.—250 Bks

E 97892 E 97892

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 95-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1507 N. Fairmount ST. 19-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George E. Anderson

(a) RESIDENCE NO. 1507 N. Fairmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

6 If married, widowed, or divorced HUSBAND of or) WIFE of Hannah Anderson

DATE OF BIRTH (month, day, and year) Dec 25, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Gen

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Henry Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Carrie Jackson

(Address) 1504 N. Fairmount Ave

Filed 1-31-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 31. 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1934, to Jan 30, 1934.

that I last saw h alive on Jan 30, 1934.

and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) D. Garland Schmidt M. D.

1-31, 1934 (Address) 1534 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel

DATE OF BURIAL 2/3 1934

20 UNDERTAKER Lamb W. Rose & Son

ADDRESS 638 N. Gilmor

Spec.—2-29-28—L. F. S.—500 Bks.

E 97893

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97893

CERTIFICATE OF DEATH

71-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Mosher ST. 16-A WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Viola Bennett

(a) RESIDENCE NO. 1212 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/11/1904.

7 AGE: Years 29 Months 5 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer): Housework-

(c) Name of employer: At home

9 BIRTHPLACE (city or town) (State or country): Dorchester Co Maryland.

10 NAME OF FATHER: Robert Bennett.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dorchester Co. Maryland.

12 MAIDEN NAME OF MOTHER: Nora Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dorchester Co Maryland.

Informant: Nora Jenifer.

(Address) 1212 Mosher st.

Filed 1-31 19 34 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/30/34.

17 I HEREBY CERTIFY, That I attended deceased from Sept 15th, 33, to Jan 30th, 1934.

that I last saw h[illegible] alive on Sept 30th, 19[illegible]

and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis Valvular Insufficiency

(duration) yrs. 4 mos. 15 ds.

CONTRIBUTORY (Secondary) Pernicious Anemia.

(duration) yrs. 4 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical & Lab Test

(Signed) J. T. Gunn, M. D.

1-31-34 Address 522 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jefferson Memorial Park Cemetery Md

DATE OF BURIAL: Feb 2 1934

20 UNDERTAKER: Wm. H. Case & Son

ADDRESS: 638 N. Gilmor

M. D. B. 1004

E 37894 E 37894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V82001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 14-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Aubrey Jackson

(a) Residence: No. Hanover St. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Francis Jackson

6. DATE OF BIRTH (month, day, year): 1901

7. AGE: Years 33 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: P. P. R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): A A Co Md

FATHER

13. NAME: John Jackson

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Fanie Gaither

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Frances Jackson

(Address): Same

18. BURIAL, CREMATION, OR REMOVAL

Place: Forest Grove. Date: Feb 4. 1934

19. UNDERTAKER: James A Stacy

(Address): 1143 Eastern Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... Jan, ... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

1 day

Other contributory causes of importance:

Cause unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. C. Luth. M. D.
Coroner

(Address) .....

T 1934

M. D. B. 1206-F E 97895

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97895

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Good Shepherd Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1600 Ward)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Tolson

(a) Residence: No. 1513 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W. M.	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	50	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md

FATHER

13. NAME James Tolson

14. BIRTHPLACE (city or town) Kent Island
(State or country) Md

MOTHER

15. MAIDEN NAME Sarah Wickes

16. BIRTHPLACE (city or town) Kent Island
(State or country) Md

17. INFORMANT Inez Stewart
(Address) 1513 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb. 2, 1934

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/26, 1934, to 1/29, 1934

I last saw him alive on 1/29, 1934. Death is said to have occurred on the date stated above, at 8:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/25

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Carson C. Johnson M. D.

(Address) 602 Baker St

M. D. B. E-97896 E 97896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 18-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Nathaniel Butler

(a) Residence: No. 305 N. Arlington ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 22, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice wagon

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William H. Butler

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Emma Powell

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date Feb 1, 1934

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED ..... 19.. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1934 to January 29, 34
I last saw him alive on January 29, 1934 Death is said to have occurred on the date stated above, at 6.55 m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous pleuritis	Dec. 1931
Other contributory causes of importance: Tuberculous osteitis of sternum	18 mos
Tuberculous mediastinitis	16 das

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C. Shaw M. D.
(Address) Baltimore City Hospitals

M. D. B. 2268-6 E 97897

E 97897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Good Shepherd Gen Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16-07 Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred Johnson

(a) Residence: No. 817 Pebble court St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C. A.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steve dore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Joseph Johnson

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Sarah Skinner

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT William S. Kinner
(Address) 673 Josephine Sts

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Feb. 2, 1934

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/24, 1934 to 1/29, 1934

I last saw him alive on 1/26, 1934 Death is said to have occurred on the date stated above, at 10:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unk
Cardiac Decompensation	1/16/34
Post Rheumatic Heart disease (Mitral)	1 yr ago
Other contributory causes of importance:	
arteriosclerosis	Unk

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carson C. Johnson M. D.

(Address) 632 Bidder Rd

Instructions: Fill in all items. Use ditto marks only when they will not be misunderstood. See instructions on back of certificate.

M. D. P. 1938-9 E-97898

E 97898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 79-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3046 Arunah Ave. St. 16-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry G.R.Lentz, Jr.

(a) Residence: No. 3046 Arunah Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6. DATE OF BIRTH (month, day, year) December 23.1922

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harry G.R.Lentz.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Adelaide G.Hauswald,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Adelaide G. Lentz
(Address) 3046 Arunah Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date FEB 3 1934

19. UNDERTAKER Geo W Sittle
(Address) 2700 Edmondson Ave

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 14/34, 19..., to Jan 31/34, 19...
I last saw him alive on Jan 30, 1934 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	About Jan 12/34
(Was unable to find organism)	

Other contributory causes of importance:

Meningitis	Jan 12/34
(Was unable to find organism)	

Name of operation Lab. + Autopsied Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury ~~occurred in industry~~ in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter E. Dublet M. D.

(Address) 2220 Harlem Av

INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

E 97899

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97899

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cornelius Rybaczewski

(a) Residence: No. 108 S Ann St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pauline Rybaczewski

6. DATE OF BIRTH (month, day, year) April 8, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Julius Rybaczewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Pauline ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records (Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date 2/3/34

19. UNDERTAKER E. M. Zander (Address) 733 E Lombard

20. FILED FEB 1 '34 Huntington Wilson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1934 to Jan 29, 1934

I last saw him alive on Jan 29, 1934 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple cerebral hemorrhages	6 mos
Hypertension	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I. P. Magill, M. D.

(Address) East City Hosp

M. D. B 1263-B

E 97900 ✓ E 97900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-006

Registered No. 34-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. O'Donnell & Conkling St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick A Strobel Jr

(a) Residence: No. 2591 W Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M Strobel

6. DATE OF BIRTH (month, day, year) May 10 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	42	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewer &c

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Fred A Strobel Sr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carrie C. Strobel

(Address) 2591 W Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Feb 3, 34

19. UNDERTAKER Frederick A Pole

(Address) 1200 W. Lombard St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation by Ammonia Gas Accidental	
Other contributory causes of importance: Burns by Ammonia Gas	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1/30, 1934

Where did injury occur? O'Donnell Conkling (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of Injury Suffocation by Gas

Nature of injury Suffocation & Burns

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify? .....

(Signed) H K Herzog M. D. Coroner

(Address) 1300 N Calhoun St

M. D. B 1268-9

E 97901

HEALTH DEPARTMENT—CITY OF BALTIMORE

[redacted]

CERTIFICATE OF DEATH

163

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp St. 16-al Ward)

Length of residence in city or town where dead ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna M Robinson

(a) Residence: No. 2745 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael B Robinson

6. DATE OF BIRTH (month, day, year): June 23-1897

7. AGE: Years 36 | Months 7 | Days 7 | If LESS than 1 day, hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Bradley B. Shepard

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Nancy B. Sipple

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Oscar C. Hook.

(Address): Riderwood Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Cem. Date: 2/1/37 19

19. UNDERTAKER: Harry A Wright

(Address): 4101 Edmondson Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 31 37

22. I HEREBY CERTIFY That I attended deceased from ..... 19... to ..... 19.....

That I saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Suicide by Inhalation of Mercury, 4 Days

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis: Regular ... Was there an autopsy? No

If death was due to external causes (violence) fill in also the following: Accident, suicide, homicide? Suicide Date of injury Jan 27, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [redacted] M. D.

(Address)

M. D. B. 1938 E 97902 ✓ E 97902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 8 Ward)
Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Margaret Herrman

(a) Residence: No. 2502 Ft. Avenue St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Robert Herrman

6. DATE OF BIRTH (month, day, year) Nov. 15/1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER
13. NAME Louis Quensenzeser
14. BIRTHPLACE (city or town) Ger.
(State or country)

MOTHER
15. MAIDEN NAME Barbara
16. BIRTHPLACE (city or town) Ger.
(State or country)

17. INFORMANT Mrs Edwin Herrman
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem. Date Feb. 3 34

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 31 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-26 1934 to 1-31 1934

I last saw her alive on 1 - 31 1934 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast.	Jan 1933
Hypertensive heart disease	
Arteriosclerosis.	

Other contributory causes of importance:

Name of operation Radical mastectomy Date of 1/25/34

What test confirmed diagnosis Clinical & Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G. Dobel M. D.
(Address) St Agnes Hosp.

M. D. B. 1268-B E 97903

E 97903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5511 Hamlet Ave Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Sandblom

(a) Residence: No. 5511 Hamlet Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: (or) WIFE of Alfred Sandblom

6. DATE OF BIRTH (month, day, year): Nov 26 1859

7. AGE: Years 74 | Months 2 | Days 4 | If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sweden

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Sweden

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT: Ellen Olsen

(Address) 5511 Hamlet Ave

18. BURIAL, CREMATION, OR REMOVAL: Woodland Cemetery Feb 2-2, 1934

19. UNDERTAKER: Leonard J. Ruppert

(Address) 5305 Harford Rd

20. FILED: Feb 1 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Jan 30, 1934 that I last saw her alive on Jan 30, 1934 Death is said to have occurred on the date stated above, at 3.0 p. m.

The principal cause of death and related causes of importance were as follows:

Asteno-Soleroses.
Chronic Myocarditis.
(Infect.)

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Kyle W. Colby M. D.

(Address) 5703 Hamilton Blvd

M. D. B. 1265-9

E 97904 ✓ E 97904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. 45-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Baltimore City Hospitals St. or Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matthew Renando

(a) Residence: No. 3109 Westwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Renando (dead)

6. DATE OF BIRTH (month, day, year) Nov 27, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Vincent Renando

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ~~Sarah~~ Sarah Pepe

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem Date Feb. 2 1934

19. UNDERTAKER Wm. J. Tickner & Son (Address) North & Pa Ave.

20. Filed FEB 1 - 1934 19 Transcription Witness K.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1933 to Jan 30, 1934

I last saw him alive on Jan 30, 1934 Death is said to have occurred on the date stated above, at 10:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
c metastases to lung and brain	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phaneff M. D.

(Address) Balt. City Hosp

Instructions on back of certificate.

M. D. H. 1268-9

E 97905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97905

82-001

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen Hosp St. 16-01 Ward)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mrs. Mary Selma Howe

(a) Residence: No. 1212 Bloomingdale Rd St., Ward. —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward S. Howe

6. DATE OF BIRTH (month, day, year) Feb. 23 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pensacola Fla

FATHER

13. NAME Kelsey

14. BIRTHPLACE (city or town) (State or country) Portland Maine

MOTHER

15. MAIDEN NAME Smith

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Harlan W Howe

(Address) 1212 Bloomingdale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Feb. 1 1934

19. UNDERTAKER Wm. J. Tickner & Son

(Address) North & Pa Ave

20. FILED FEB 1 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1934 to Jan. 30, 1934

I last saw her alive on Jan. 30, 1934 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 29

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury — 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Rabinan M. D.

(Address) West Baltimore Gen. Hosp.

Instructions on back of certificate.

M. D. B. 1206 E 97906 ✓ E 97906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 5 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Lydia Leist (Lydia Hobert Leist)

(a) Residence: No. Room 15 in Tenant Ward Royal Terrace & 1 Eseroon St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frederick Leist

6. DATE OF BIRTH (month, day, year) Aug 17-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	-	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Rev Arthur D Brickman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susanna Hangler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Harriet Brickman

(Address) Mind Apts - 1st Royal Terrace & Eseroon St.

18. BURIAL, CREMATION, OR REMOVAL. Place London Pk Cem Date Feb 3, 1934

19. UNDERTAKER Fr J Tuckers & Sons

(Address) Forest Park

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1933 to Jan 31, 1934

I last saw h... alive on Jan 30, 1934. Death is said to have occurred on the date stated above, at 1.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage due to hypertension	1 day
	do

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Beverley C Compton, M. D.

(Address) Womans Hosp

M. D. B. 1268-9

E 37907

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37907

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Crawford Street.

(a) Residence: No. 806 N. Carrollton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of Wm Crawford Street

6. DATE OF BIRTH (month, day, year) 10-19-1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	3	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Goldston N. C.
(State or country)

FATHER
13. NAME Albert Street
14. BIRTHPLACE (city or town) Goldston N. C.
(State or country)

MOTHER
15. MAIDEN NAME Mary Hembree
16. BIRTHPLACE (city or town) Goldston N. C.
(State or country)

17. INFORMANT Mary Street Maxwell
(Address) 806 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Goldston N.C. Date 2/2, 1934

19. UNDERTAKER Chas. E. Woker
(Address) [illegible] Edmondson St

20. FILED FEB 1 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1934, to Jan 30, 1934
(Last saw h[illegible] alive on Jan 30, 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
(Virulent Streptococcus)	
of Mouth & Throat	7 ds.
Other contributory causes of importance:	
Appendicitis	11 ds.

Name of operation Appendectomy Date of 1/26/34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) Provident Hospital

Instructions on back of certificate.

M. D. B. 1268-9

97908 ✓ E 97908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 E. Penna Ave St. 7-C Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? 37 yrs. mos. ds.

2. FULL NAME Isaac Brown

(a) Residence: No. 920 Penna Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year)

7. AGE: 64 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Morton

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Samuel

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Morris Brown
(Address): 920 Penna Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Hebrew Rodelph Date: 2/1/34 19

19. UNDERTAKER: Jos. Levy & Son
(Address): 1732 E. Baltimore

20. FILED: FEB 1 1934 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1932 to Jan 31 1934

I last saw him alive on Jan 31 1934 Death is said to have occurred on the date stated above, at 12 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Myocarditis	1932

Other contributory causes of importance:

Cardiac Exhaustion	1 Dy

Name of operation: Tracheotomy Date of: Oct 1932

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. J. Bayless M. D.

(Address) 2040 Eutaw

M. D. B. 1268-9

✓ E 97.5 Torkair

E 97909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 Little Lloyd St St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 60 yrs. ... mos. ... ds.

2. FULL NAME Isak Kravetz

(a) Residence: No. 127 Little Lloyd St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellis Aaron

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Soloman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Miriam

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Kravetz

(Address) 227 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Sollers Funeral Home Date 2/1/34, 19...

19. UNDERTAKER Jack Levy Inc

(Address) 1439 E. Baltimore St.

20. FILED ..., 19... ... Registrar.

FEB 1 - 1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 12th, 1933, to Jan 31st, 1934

I last saw him alive on Jan 31st, 1934 Death is said to have occurred on the date stated above, at 6.30 m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — arteriosclerosis

Date of onset

Other contributory causes of importance:

Hypostatic congestion of heart

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. J. Jenkins, M. D.

(Address) 1194 N. Milton Ave

(See instructions on back of certificate.)

E 97910

M. D. B. 1268-9

E 97910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME David Goldberg

(a) Residence: No. 521 E. 28th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hannah B

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Eliezi Aaron

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Seach

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Edgewood Washington Blvd Date 2/1/34, 19

19. UNDERTAKER Jacob Lewis Inc

(Address) 1439 E. Baltimore St

20. FILED FEB 1 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-17, 1934 to 1-31, 1934

I last saw him alive on 1-31, 1934. Death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Insufficiency	1-31-34
Bronchopneumonia	1-28-34

Other contributory causes of importance:

Stricture of Vessels orifice	1932

Name of operation Resection of Stricture of Vessels made Date of 1-26-34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I B Mahover M. D.

(Address) Sinai Hospital

M. D. B. 1268-9. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97911 | 15 E 97911

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3309 Prestman St. 16-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant of Mr Walter I and Marie W Orem

(a) Residence: No. 3309 Prestman St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F. male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 31 1934

7. AGE	Years	Months	Days	If LESS than 1 day 3 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) md

FATHER

13. NAME Walter I Orem

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Marie W. Krapfe

16. BIRTHPLACE (city or town) Baltimore (State or country) md

17. INFORMANT Mr Walter I Orem
(Address) 3309 Prestman St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 1 , 1934

19. UNDERTAKER John T Deane
(Address) 715 Light St

20. FILED FEB 1 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1934 to Jan 31 1934

I last saw him alive on Jan 31 1934 Death is said to have occurred on the date stated above, at 6 30 P.M.

The principal cause of death and related causes of importance were as follows:

Premature infant

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) L. T. Lawrence M. D.

(Address) 1 E. Madison St

M. D. B. 1268

E 97912

E 97912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonio Badolato

(a) Residence: No. 2635 East Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Basso

6. DATE OF BIRTH (month, day, year) Jan 17-1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Albondanzio Badolato

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmela Palmitano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Nazzareno Danico
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2-2 1934

19. UNDERTAKER Chas B. Kuchyuckas
(Address) 632 S Paca St

20. FILED 2-1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 13. 1934 to January 31. 1934

I last saw him alive on January 31. 1934 Death is said to have occurred on the date stated above at 12 10 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Peptic ulcer (duodenal) perforated.	
2. 2nd Hemorrhage	

Other contributory causes of importance:

Name of operation Suture of perf. ulcer Date of 1-13-34

What test confirmed diagnosis? Ulcer Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL

M. D. B. 1264-10 E 97913 E 97913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

281506
Ne-Surg.

X157-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edgar Stronge

(a) Residence: No. 416 Cocoa Ave, Ward. Glenelg-Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 16- 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6 1/2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Edgar Stronge

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Henrietta Showalter

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Carry Hill Pa Date 2/3 34

19. UNDERTAKER William Cooke
(Address) 1217 St Paul Street

20. FILED ..... 19 ..... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31- 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-29- 34 to 1-31- 34

I last saw h~~e~~ alive on 1-31- 1934 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	1932

Other contributory causes of importance:

Name of operation Ventriculoperitoneal Date of 1-31-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Carl A. Kumler, M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-9

E 97914

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97914

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Joseph Abbott

(a) Residence: No. 3208 Auchentorly Ter. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances E. Abbott

6. DATE OF BIRTH (month, day, year) Nov 8th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (auditor)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hampstead, Md

FATHER

13. NAME Joseph Abbott

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Lucinda Armacost

16. BIRTHPLACE (city or town) (State or country) maryland.

17. INFORMANT Mrs Frances L. Abbott

(Address) 3208 Auchentorly Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 3rd 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 1 1934 Wm. F. Prescott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31st 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934, 19..., to Jan 31, 19 34

I last saw him alive on 1/31/34, 19... Death is said to have occurred on the date stated above, at 2.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	?
Cardiac failure.	

Other contributory causes of importance:

arterio - sclerosis
cardio vascular disease
senility

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel C Robinson M. D.

(Address) Mercy Hosp.

See instructions on back of certificate. Every question must be answered. Omissions will cause delay and may cause return of certificate for correction.

M. D. B. 1238-9 E 9.7915 2000 E 9.7915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2536 McHenry St Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Kelch

(a) Residence: No. 2536 McHenry St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR or RACE: White
5. If Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Wilhelmina Kelch

6. DATE OF BIRTH (month, day, year): Aug 5 1869

7. AGE: Years 64 | Months 5 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Symbol Signs Co
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: William Kelch
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Wilhelmina Schumacher
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Wilhelmina Kelch
(Address) 2536 McHenry St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb 3rd 1934

19. UNDERTAKER: Wm Cook
(Address) 1217 E Pratt St

20. FILED 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1933 to Jan 30 1934

I last saw h[illegible] alive on Jan 30 1934 Death is said to have occurred on the date stated above, at 6:17 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Tuberculous Enteritis	Jan 1934

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E Helen Hemming, M. D.

2/3/34 (Address) 2000 Hollins

See instructions on back of certificate.

M. D. H. 1268-9 E 97916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97916

V 23

Registered No. 22-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 63 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John P. Coates
(a) Residence: No. 606 Stump Alley, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Single
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): March 13, 1870
7. AGE: Years 63; Months 10; Days 12; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Canning Co
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Calvert Md

FATHER
13. NAME: Isaac Coates
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Betsy Dashiell
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Records
(Address): Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Cem. Date: Feb 1st, 19 34
Undertaker: [illegible]

19. UNDERTAKER
(Address)

20. FILED Feb 1 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933 to Jan. 30, 1934. Death is said to have occurred on the date stated above, at 2 30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Hypertension	
Other contributory causes of importance:	

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagill, M. D.
(Address) Balt. City Hosp.

0080

M. D. B. 1269

E 97917 E 97917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward) 26-21

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Collins Graves

(a) Residence: No. Unde St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ? 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31 ~~37~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Ho~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Joseph Collins

14. BIRTHPLACE (city or town) (State or country) Pineland S. C.

MOTHER

15. MAIDEN NAME Josephine Pollin

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Friends
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date Feb 1st, 19 34

19. UNDERTAKER
(Address)

FILED Feb 1 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934 to Jan 29, 1934

I last saw him alive on Jan 29, 1934 Death is said to have occurred on the date stated above, at 5-20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2 wks
Other contributory causes of importance:	

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I. Phagin, M. D.

(Address) Balt. City Hosp.

Burial Permit Issued by Registrar

0083

M. D. B. Form 6 E 97918

E 97918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V-32-001

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. 2 St., 5-B (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sonsby Cowper

(a) Residence: No. 1400 Hart Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) July 2, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6 5	23 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home -

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Noah Cowper

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Lucy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Feb 3 19 32

19. UNDERTAKER
(Address)

20. FILED Feb 1 19 32 [illegible] Registrar

B 1 - 1534 0082

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 32

22. I HEREBY CERTIFY, That I attended deceased from March 21 32 to Jan 27 32

I last saw h[illegible] alive on Jan 27 32 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Generalized & Relative Coronary insufficiency & Uremia Old Right bundle leg.	?
Other contributory causes of importance: Bronchopneumonia	1/27/32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. H. Bourne M. D.

(Address) Bolton City Hosp.

Instructions on back of certificate.

M. D. B 1268-9

E 97919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97919 V 173

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Owen Earnest Brown

(a) Residence: No. 1230 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Brown

6. DATE OF BIRTH (month, day, year) Sept 1/1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Kent Co., Va

FATHER

13. NAME Hezikiah Brown

14. BIRTHPLACE (city or town) (State or country) New Kent Co., Va

MOTHER

15. MAIDEN NAME Virginia Taylor

16. BIRTHPLACE (city or town) (State or country) New Kent Co., Va.

17. INFORMANT Ruth Taylor Brown

(Address) 1230 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Feb 2, 1934

19. UNDERTAKER Robert F. Williams

(Address) 516 McElderry St

Feb 1934, 19 [illegible] Registrar.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28/34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, 8.20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Pericarditis	
following pistol shot wound of heart	Jan 28

Other contributory causes of importance:

Name of operation: closed wound of rt ventricle etc Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? homicide Date of injury Jan 28/34

Where did injury occur? Baltimore, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in his home-1230 Orleans St

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Beer M. D. Coroner

(Address) 1086 Northern

E 97920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97920

CERTIFICATE OF DEATH.

159 ✓ REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3532 Roland Ave St) 13-Al (Ward)

2-FULL NAME Dorothy Ellen Roark

(a) RESIDENCE NO. 3532 Roland St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 4 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Jan 29, 1934

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
			4 2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER Leroy S. Roark

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Mount Airy, Pa

12 MAIDEN NAME OF MOTHER Ruth Elizabeth Warton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

Informant Ruth Elizabeth Roark

(Address) 3532 Roland

Filed Feb 1 1934 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1, 1934 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 29 1934 to Feb 1 1934,

that I last saw her alive on Feb 1 1934,

and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows: Prematurity

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) J M Mercer, M. D.

, 19 (Address) 848 W Lex

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys, Hampden Date of Burial Feb 1, 1934

20 UNDERTAKER Thanhouser Store ADDRESS 3615 Eastern Ave

M. D. B 1268-9

97921 E 97921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 157-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard O. VanSyckle

(a) Residence: No. Hazelton, Pa St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hazelton, Pa.

FATHER

13. NAME Everett Van Syckle

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME Margaret Carsatis

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Susan Van Syckle
(Address) Hazelton, Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Hazelton Pa Date Feb 1 19 34

19. UNDERTAKER John C. Mitchell
(Address) 1911 Eutaw Place

(Registrar) 2 1934 Registrar.

FILED 2-1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.50 A.M.

The principal cause of death and related causes of importance were as follows:

	(Date of onset)
Hydrocephalus	8 mons

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. C. Hall Coroner, M. D.

(Address) 508 E. Lombard

M. D. B. 1268-9

(Rauh)

E 97922 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 97922

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. / mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr John Rauh.

(a) Residence: No. 3205 Normont ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Annie Rauh.

6. DATE OF BIRTH (month, day, year) Oct. 22nd 1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.W.A. O&D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Fred. Rauh.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Annie Rauh
(Address) 910 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 2/3rd 193

19. UNDERTAKER Ed B Harle
(Address) 115 E Fort St

20. FILED ..... Registrar.

FEB 1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/31/34 to 2/1/34

I last saw h.i.M. alive on 2/1/34 Death is said to have occurred on the date stated above, at 11 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute pulmonary edema.	1/31/34
Cardiac decompensation	
C failure	
Lobar pneumonia	

Other contributory causes of importance:

arterio-sclerotic cardio vascular disease.	?
Phlebitis rt. leg?	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. M. Warren, M. D.

(Address) Mercy Hospital

M. D. B. 1263-9

E 97923

97923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Novak

(a) Residence: No. 615 S Bethel St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 9 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sophia Nowak

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Sophia Nowak

(Address) 615 S. Bethel St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary (Cem) Date Feb 2 1934

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St

20. FILED ..... 19..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/28 1933 to 1-31 1934

I last saw him alive on 1-31 1934. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral otitis media	

Other contributory causes of importance:

Malnutrition	
Bilateral mastoids, abscess	C. N
Mastoidectomy, Pneumonia	

Name of operation Mastoidectomy Date of 1/25/34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Langelütig M. D.

(Address) Univ. Hosp.

Instructions: Items must be answered in ink or indelible pencil, if information is not obtainable, write "unknown" or "none" as the case may be. See instructions on back of certificate.

AaCo. 5-31 250B

97924 E 97924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Aged Womens Home

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1404 W Lexington St., 14-61 Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Tillie F Weishampel

(a) Residence: No. 1404 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 26 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME John Weishampel

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Mary Addison

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mary E Forestal
(Address) 1400 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb-2, 1934

19. UNDERTAKER J Vernon Cushner
(Address) 532 W Lexington

20. FILED 1934 Feb 1 Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1933 to Jan 31, 1934

I last saw her alive on Jan 29 1934 death is said to have occurred on the date stated above, at 1264 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Hypostasis
Tuberculosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edwin B Jones M.D.

(Address) 1115 St. Paul St.

M. D. B. 1268-9

E 97925

97925 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 E. Lafayette Ave. St. 8-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CARROLL J. KELLY

(a) Residence: No. 1916 E. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Helen Kelly

6. DATE OF BIRTH (month, day, year) Feb. 13, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bureau of Buildings

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Peter J. Kelly

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Nellie R. Cassidy

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mary Helen Kelly
(Address) 1916 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Feb. 2 1934

19. UNDERTAKER Chas. P. Graul & Son
(Address) 1111 N. Mt. Royal Ave

20. FILED [illegible] Jr. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1934 to Jan. 30, 1934
I last saw him alive on Jan 30 1934 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
acute Cardiac Dilatation	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sigl. Sittron M. D.

(Address) 130 E. E. Chase

1934

M. D. H. 1268-9

E 97926

97926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Kirkleigh Villa St. 27-W Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME SISTER CAMILLA FLANNERY

(a) Residence: No. 4301 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of : : : : :

6. DATE OF BIRTH (month, day, year) Oct. 28, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sister of Charity

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Bartholomew Flannery

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Dean

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rev. Sister Emily

(Address) 4301 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Feb. 2 1934

19. UNDERTAKER Geo. B. Bruce & Son

(Address) 118 W. Mulberry Royal Farm

20. FILED Feb 1 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Jan 31 1934

I last saw h[illegible] alive on Jan 31 1934 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	10 days
Other contributory causes of importance: Bronchio-Pneumonia	

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Edmund J. Kelly M. D.

(Address) 208 Somerset Road M. D.

Feb 1 1934 Registrar

M. D. H. 1268-9

97927

✓ ME 97927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

216-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Northern Pkway St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Taylor

(a) Residence: No. 2815 Northern Pkway St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) Sept. 3 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	4	2127	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Taylor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Andrews

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Geo. Berger

(Address) 2815 Northern Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 2nd 1934

19. UNDERTAKER Lilly & Sons Inc

(Address) 403 E. Lexington Street

20. FILED 1-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from injury 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11:30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured right ribs.	
Broncho Pneumonia	

Other contributory causes of importance:

Automobile accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/18. 1934

Where did injury occur? Edmondson Point Rd. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2205 E. Madison St. Coroner

Instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

97928 E 97928

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 4623 Asbury ST. 26-01 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christina (Dena) Wisbecke

(a) RESIDENCE NO. 4623 Asbury Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 19 1874

7 AGE: Years 59 Months Days 5 12 11

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Hoer
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md
12 MAIDEN NAME OF MOTHER: Veronica Hoer
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn.

14 Informant: Raymond Wisbecke
(Address) 4623 Asbury Ave

15 Filed 1934 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Jan 31 1934
that I last saw h alive on Jan 31 1934
and that death occurred on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH was as follows:

Uremia following Chronic Nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) [illegible] M. D.
(Address) 1706 N Gilmor

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem.
DATE OF BURIAL: Feb 3 1934

20 UNDERTAKER: [illegible]
ADDRESS: [illegible]

FROM IS very important See instructions on back of certificates.

M. D. B. 1269

Dr Krugerm. 802 Cathedral

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97929

97929

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Belair Rd St., E. 6-A Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Estelle Winkelman

(a) Residence: No. 3605 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of William F. Winkelman

6. DATE OF BIRTH (month, day, year) Dec 30th 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel A. Turner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah D. Morris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm F. Winkelman

(Address) 3605 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 2nd 1934

19. UNDERTAKER Tom Cook

(Address) 1217 St. Paul St

20. FILED 1934 By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1934 to Jan 30 1934

that I saw ~~her~~ alive on Jan 30 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage 6 days

Other contributory causes of importance:

Acute Nephritis 10 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or ~~homicide~~? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. H. Wolff M. D.

(Address) 1-31-34

M. D. B 1268-9

✓ E 97930

97930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Maryland Ave St. 12-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel B. Shepherd

(a) Residence: No. 2501 Maryland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances A Shepherd

6. DATE OF BIRTH (month, day, year) Mar. 31-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	9	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ernest Motor Co.

10. Date deceased last worked at this occupation (month and year) 6 mo

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME John B Shepherd

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Mary Jane Malone

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Frances A Shepherd

(Address) 2501 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Dell Princess Anne Md Date Feb. 2, 1934

19. UNDERTAKER Wm Cahill

(Address) 1st Paul st.

20. FILED Feb 1 1934, 19..... Registrar. R. I. P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h..... alive on ....., 19... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Carcinoma of Lung — about 1 year

Other contributory causes of importance:

Name of operation Surgery — Date of Jan 31-34

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 So Howard St.

M. D. B 1208-9

97931 E 97931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Woodbourne Ave St., 27-01 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Bernard J. McGarity

(a) Residence: No. 502 Woodbourne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Gunning

6. DATE OF BIRTH (month, day, year) Dec 10/1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
52	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buffington-Seeds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Patrick McGarity

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen McCann

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Elizabeth McGarity
(Address) 502 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2/3/34, 19

19. UNDERTAKER Harry C. Jenning Son
(Address) 1136 Pulaski Grove St

20. FILED ..., 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6. A. M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chr Endocarditis	
Possible Embolus	
Other contributory causes of importance:	
Arthritis	5 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 1086 Woodbourne

M. D. B. 1266-B E 97932 ✓ E 97932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1823 N. Spring St., 8-01 Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Keene.

(a) Residence: No. 1823 N. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME Daniel Keene

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Daniel Keene
(Address) 1622 Edmonson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Emilville Cem Dorchester Co Md Date 2/2, 1934

19. UNDERTAKER Payne & Sanders
(Address) 1415 E. Fulton St

20. FILED Feb 2, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1934 to Jan. 31, 1934

I last saw h[illegible] alive on Jan. 30, 1934 Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/25/34

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury — 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C. N. Pigott M. D.

(Address) 1536 W. Lafayette St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97933 HEALTH DEPARTMENT—CITY OF BALTIMORE E 97933

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1376 N. Carey St. 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Edward Abrams

(a) Residence: No. 1376 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Jane Abrams

6. DATE OF BIRTH (month, day, year): 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md

FATHER

13. NAME: Frank Abrams

14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

MOTHER

15. MAIDEN NAME: Francis Jenkins

16. BIRTHPLACE (city or town) (State or country): Calvert Co Md

17. INFORMANT: Jane Abrams
(Address) 1376 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Feb 3 1934

19. UNDERTAKER V. A. Brooks
(Address) 1432 N. Carey St

20. FILED ..... 19..... ..... Registrar.
FEB 2 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1934 to Jan. 31 1934

I last saw him alive on Jan 31 1934 Death is said to have occurred on the date stated above, at 9 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan. 19

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Carl F. Benson M. D.

(Address) 511 York Rd Towson

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B 1268-B

E 97934 ✓ E 97934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Fleet St St. 2-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Obrycki

(a) Residence: No. 1718 Fleet St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Obrycki

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Julian Obrycki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Poland — ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Barbara Obrycki

(Address) 1715 Fleet St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 3 19 34

19. UNDERTAKER Theo Jaszewski

(Address) 1900 Eastern Ave

20. FILED 2-1934 19 34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...

I last saw h— alive on ..., 19... Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Heart Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B Friedberg M.D. Coroner

(Address) 1305 N. Patterson Park Ave

Spec.—2-29-28—L. F. S.—500 Bks.

97935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 97935

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 E 22nd ST., 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Conrad Dehler -

(a) RESIDENCE NO. 725 E 22nd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

6 If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Freda Dehler.

7 DATE OF BIRTH (month, day, and year) Aug 1-1861 -

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	5	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired gp

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

10 NAME OF FATHER George Dehler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Drexel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Freda Dehler (wife)

(Address) 725 E 22nd St

Filed ..... 19 ..... Registrar

FEB 2 - 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31-34 -

17 I HEREBY CERTIFY, That I attended deceased from 12/21/33 to 1/31/ 1934.

that I last saw him alive on 1/31/ 1934

and that death occurred, on the date stated above, at 6.35 p.m.

The CAUSE OF DEATH* was as follows:

Endocarditis. 12/21/32

Streptococcic septicaemia 10/31/33.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? / Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood culture positive streptococcus viridans.

(Signed) George Abner Bowden, M. D.

2/1, 1934 (Address) 1510 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Feby 3, 1934
20 UNDERTAKER	ADDRESS
Lou O. Mitchell Bond	1900 Eutaw Place

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97936

CERTIFICATE OF DEATH

E 97936
93-003

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 430 N. Carey St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet E. Holyland

(a) RESIDENCE NO. 430 N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Nov 21. 37

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	96	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired do

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country):

PARENTS

10 NAME OF FATHER: Chas J. Holyland

11 BIRTHPLACE OF FATHER (City or town): England

(State or country):

12 MAIDEN NAME OF MOTHER: Harriet Chas

13 BIRTHPLACE OF MOTHER (city or town): England

(State or country):

14 Informant: Nellie M. Cromwell

(Address): 410 N. Carey St

FEB 2 - 1934

Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Feby. 1. 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1933 to Feby 1, 1934

that I last saw her alive on Jany 31, 1934

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:—

General Carcinomatosis

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted at home

If not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical Signs

(Signed) Sarah Hooper M. D.

2/1, 1934 (Address) 337 E. North

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem. — Date of Burial: Feby 3 1934

20 UNDERTAKER: John C. Mitchell & Son — ADDRESS: 19 Eutaw Place

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97937

CERTIFICATE OF DEATH

210-001

Registered No. E 97937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Guisseppe Triomfo

(a) Residence: No. 311 East St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Water Dept.

10. Date deceased last worked at this occupation (month and year) 9

13. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Josephine Alfaro (Address) 311 East St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rodana Date Feb. 3, 1934

19. UNDERTAKER Richard F. Curley (Address) 700 E. Northern

20. FILED Feb 2 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 31 to Jan 19 31

I last saw h alive on Jan 19 31. Death is said to have occurred on the date stated above, at 4:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	1/13/34
Coronary Occlusion	1/31/34
Other contributory causes of importance:	
Automobile Accident	1/13/34

Name of operation none Date of

What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1/13, 1934

Where did injury occur? Harford & Baltimore Sts. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto, while walking

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Fokony Coroner M. D.

(Address) 200 E Madison St

M. D. R. [illegible] E 97938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 Carrollton Ave St. 16-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Allen

(a) Residence: No. Aged Home for colored people Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66 6)	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harrisburg Va
(State or country)

FATHER

13. NAME Philip Harris

14. BIRTHPLACE (city or town) Harrisburg Va
(State or country)

MOTHER

15. MAIDEN NAME Macauley Harris

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Rev. Taylor
(Address) 622 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Date Feb 2 1934

Place

19. UNDERTAKER Samuel T. Hamilton
(Address) 3708 N Broadway

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1934 to Jan 30 1934

I last saw h.. alive on Jan 30 1934 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?
Other contributory causes of importance: Chronic Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? / Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edw. J. Keatley M. D.

(Address) 1230 Druid Hill Ave

M. D. B. 1268-9 E 97939 ✓ E 97939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 W. Cross St. 21-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha M. Nelson

(a) Residence: No. 1029 W. Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert E. Nelson

6. DATE OF BIRTH (month, day, year) May 7. 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Jacob Stein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Victoria Brandt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Albert E. Nelson

(Address) 1029 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 3 ca. 1934

19. UNDERTAKER Mrs Inc. John H. Teufel & Son

(Address) 801 W. Fayette St.

20. FILED FEB - 1934 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1934 to Feb 1 1934

I last saw h e alive on Jan 31 1934 Death is said to have occurred on the date stated above, at 2.25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1932
Mitral Stenosis	one yr

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Morley Stoag M. D.

(Address) 729 Park Blvd

Instructions on back of certificate. See instructions on back of certificate.

M. D. B. 1268-0

E 97940

97940

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 32-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-61 Ward)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Christian

(a) Residence: No. 607 W Lafayette Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Christian

6. DATE OF BIRTH (month, day, year) June 16, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer — do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Troy S. C.

FATHER

13. NAME Postella Christian

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Ada ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/3 1934

19. UNDERTAKER Daniel Foster (Address) 1 Pleasant Ave

20. FILED 2-5-1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1934 to Feb. 1, 1934. I last saw him alive on Feb 1, 1934. Death is said to have occurred on the date stated above, at 6-0 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis.	3 wks?
Meningitis, tuberculous	3 wks
Other contributory causes of importance:	unk

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagan M. D.

(Address) Balt. City Hosp

OCCUPATIONS is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 97941

HEALTH DEPARTMENT—CITY OF BALTIMORE

97941

CERTIFICATE OF DEATH

V 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St., 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rudolph Tollman

(a) Residence: No. 209 Shields Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 2, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Walter Tollman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Julia Jacobs

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mother
(Address) ...

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2-4 ... 1933

19. UNDERTAKER Daniel Burton
(Address) 916 Penna Ave

20. FILED Huntington Williams M.D. Registrar.
2-4-33 & R. P. Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31st, 1934 to Feb 1st, 1934
I last saw him alive on Feb 1st, 1934. Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	1/10/34
Broncho-pneumonia	1/27/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Daniel E. Boyard M. D.

(Address) Lyndenhurst Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-B

E 97942

M E 97942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Seabrook Harvey

(a) Residence: No. 403 N. Fulton Ave. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Mahrer Harvey

6. DATE OF BIRTH (month, day, year) June 7, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Actor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Harvey

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Sands

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Records Baltimore City Hospital

(Address) Eastern Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Feb. 3 19 34

19. UNDERTAKER Wm. H. Cook

(Address) 1003 W. Baltimore St.

20. FILED ... 19 ... Registrar

FEB 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31 19 34

22. I HEREBY CERTIFY, That I attended deceased from injury & autopsy to ... 19 ...

I last saw him alive on ... 19 ... Death is said to have occurred on the date stated above, at 10.10A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured right femur & tibia	1/3/34
Pulmonary Embolus	1/31/34
Automobile Accident	1/3/34

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury Jan 3. 1934

Where did injury occur? Fayette St & Fulton Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across Street

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) Gordon Okeon, M. D.

(Address) 2200 E. Madison St. Coroner

M. D. B 1268-9

E 97943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97943

CERTIFICATE OF DEATH

√ 93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 161 N. Gross St. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Fakle

(a) Residence: No. 2734 Hugo Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of ~~WIFE~~ Agnes Fakle.

6. DATE OF BIRTH (month, day, year) May 25, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 167

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Thomas Fakle,

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Katie Norris.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT William F. Fakle. (son)
(Address) 2734 Hugo Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn. Date Feb. 3. 1934

19. UNDERTAKER C. Howard Evans
(Address) 38 E. Fort Ave

20. FILED FEB 2 - 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt, M. D.
1/31/34 (Address) 1017 N. Charles St. Coroner

Instructions on back of certificate. See

M. D. B. 1268-9

E 97944

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97944

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Premature Baby Boy Adams

(a) Residence: No. Elkridge, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. (Single) Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-30-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Union Memorial Hosp.

FATHER

13. NAME Howard Adams Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Robins Rich

16. BIRTHPLACE (city or town) (State or country) Catonsville, Md.

17. INFORMANT Howard Adams Jr.

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Body held by hospital (Cremation) Date ... 19

19. UNDERTAKER

(Address)

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2.10 A.M. 1-30-34 to ... to 2.40 A.M. 1-30-34

I last saw him alive on 1-30-34 19 ... Death is said to have occurred on the date stated above, at 2.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Placenta succenturiata with low implantation

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Emanuel Gerber M. D.

(Address) Union Memorial

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

E 97944

1934

M. D. B. 1268-9

E 97945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97945

CERTIFICATE OF DEATH

126

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Bayonne ave St. 27-8th Ward)

Length of residence in city or town where death occurred 41 yrs. 11 mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary J Keeler

(a) Residence: No. 2910 Bayonne ave St., Ward. 27
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John J Keeler

6. DATE OF BIRTH (month, day, year) Feb 24 - 1885

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
48	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md

FATHER

13. NAME James F Leary.

14. BIRTHPLACE (city or town) Balto
(State or country) Md

MOTHER

15. MAIDEN NAME Mary J Leary

16. BIRTHPLACE (city or town) Balto
(State or country) Md

17. INFORMANT John J Keeler
(Address) 2910 Bayonne

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Feb 3rd 1934

19. UNDERTAKER Geo M. Frisel & Son
(Address) 811 N Eutaw St.

20. FILED Feb 4 - 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1918 to Feb 1 1934

I last saw h[illegible] alive on Feb 1 1934. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Biliary Cirrhosis	1920

Other contributory causes of importance:

Biliary Calculi	1916

Name of operation ..... Date of .....

What test confirmed diagnosis? Autop Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry G Lee M. D.

(Address) 2 E Read Baltimore

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-0

E 97946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97946

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 E Fortune St. 24-01 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Sandkopf.

(a) Residence: No. 1126 E Fortune ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena M Hennessey

6. DATE OF BIRTH (month, day, year) 8/27/1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Jersey

FATHER

13. NAME Aug Sandkopf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Donnelly

16. BIRTHPLACE (city or town) (State or country) N. Jersey

17. INFORMANT Mrs Anna Sandkopf

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Salem N.J. Date 2/4/34 19...

19. UNDERTAKER J. J. Graney Son (Address) 1218 Light St.

Wilmington Delaware; NJ

20. FILED 2-1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934, to Feb 1, 1934

I last saw him alive on Feb 1, 1934. Death is said to have occurred on the date stated above, at 1.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	1933
Uraemia	Feb 1-
Other contributory causes of importance:	
Chronic Parenchymatous Nephritis	1933

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Sidney H. Gruff, M. D.

(Address) 450 E. 33rd St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

A&Co. 5-31 2500

E 97947

HEALTH DEPARTMENT—CITY OF BALTIMORE

97947

V 50

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2341 W Lexington St. 20-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Wilhelmina M. Peters

(a) Residence: No. 2341 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of late Chas. D. Peters

6. DATE OF BIRTH (month, day, year) Oct. 15-1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER FATHER

13. NAME Michael Blummenour
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Stw. Peters
(Address) 2341 W Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Interment Place Frederick Md Date Feb 3, 1934

19. UNDERTAKER George L Beyer Jr
(Address) 1512 Baltimore St.

20. FILED Feb 3, 1934, 19.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1-, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934 to Feb 1st, 1934
I last saw her alive on Jan 1st, 1934 death is said to have occurred on the date stated above, at 3 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast Rt.	1 yr
Other contributory causes of importance: Anemia	3 mo

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Guy D McCreary, M. D.
(Address) 400 N Payson

M. D. B. 1268-9

E 97948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97948

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. E-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Christy

(a) Residence: No. 2303 E. Federal St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married.

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Mary B. Christy

6. DATE OF BIRTH (month, day, year) Dec 22-1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lyontype Operator 063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Christy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Susie Kimball

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mary B. Christy

(Address) 2303 Federal St

18. BURIAL, CREMATION OR REMOVAL

Place Baltimore Date Jan 3 1934

19. UNDERTAKER Frank H. Purdy

(Address) Pikesville Md

20. FILED ..... 19 ..... Registrar.

EB 2 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1934

22. I HEREBY CERTIFY, That ..... attended deceased from Jan 26 1934 to Jan 31 1934

I last saw him alive on Jan 31 1934 Death is said to have occurred on the date stated above, at 11.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Jan 31
Chronic Glomerular Nephritis	1 yr ds.
Hypertension	
Cardiac hypertrophy	
Arteriosclerosis	

Other contributory causes of importance:

Secondary Anaemia

Name of operation none Date of —

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert J. Hemelfarb M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

97949

CERTIFICATE OF DEATH

97949

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3316 E Baltimore St. 26-01 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna A Grant

(a) Residence: No. 3316 E. Baltimore St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul G. Grant

6. DATE OF BIRTH (month, day, year) June 23 1845

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
89	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Ingram

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Eliza Edmondson

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Paul G Grant
(Address) 2520 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date 2/3 1934

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. Filed ..... 19..... Registrar. Huntington Williams

FEB 2 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) P. Winters M. D.
Coroner

(Address) 1306 N Fulton Ave

M. O. B. 1268-9

E 97950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97950

CERTIFICATE OF DEATH

139-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4725 Harford St., 27-01 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah L. Baxter

(a) Residence: No. 4725 Harford Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jonas R. Baxter

6. DATE OF BIRTH (month, day, year) Sept 18 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Hall Md

FATHER

13. NAME Jacob Wilson

14. BIRTHPLACE (city or town) (State or country) White Hall Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) White Hall Md

17. INFORMANT Mrs. Rosendale

(Address) 4725 Harford Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 2/3 1934

19. UNDERTAKER Wm Cook & Son

(Address) 1217 E. Lombard St

20. FILED FEB 2 - 1934 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1923 to Jan 31 1934

I last saw her alive on Jan 30 1934 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Large Ovarian Cyst	1932

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. K. Gordy M. D.

(Address) Harford Rd & Rosedale St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 53

Registered No. 1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3420 Elmora Ave 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 4 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME George Byron McManis

(a) Residence: No. 3420 Elmora Ave, Ward. rest 86.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ——
(or) WIFE of ——

6. DATE OF BIRTH (month, day, year) Apr 28th 1911

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
22	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medical Service Co

10. Date deceased last worked at this occupation (month and year) Aug 1933

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Lima Colorado

FATHER

13. NAME Ellsworth McManis

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Myrtle Cleland

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT Mrs Geo B McManis
(Address) 3420 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Feb 3rd 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..., 19.. Registrar.

FEB 2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1933 to Jan 10, 1934

I last saw him alive on Jan 10, 1934. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma involving Ethmoid and orbit.	3/1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Samuel J. Crowe, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-0

E 97952

97952 280861 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

X157-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Johnson

(a) Residence: No. Box 121 St., ... Ward Bridgeport W Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ~~~

6. DATE OF BIRTH (month, day, year) 12/13/1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) W Va

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) W Va.

MOTHER

15. MAIDEN NAME Daisy Morris

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, or REMOVAL
Place Harrison Co. W. Va Date Feb 2nd 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1934 to Feb 1 1934
I last saw him alive on Feb 1 1934 Death is said to have occurred on the date stated above, at 6 40 p m.

The principal cause of death and related causes of importance were as follows: Pyotasis middle ear / Hydrocephalus — Date of onset ...

Other contributory causes of importance: Pneumonia

Name of operation Choroid Plexectomy Date of 4/15/34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. H. Van Cranbrie M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97953

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97953

CERTIFICATE OF DEATH

KV 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 12-01 St., 2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Edmund L. Kleinhans

(a) Residence: No. 44 Middlesex Road St., Buffalo New York Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mary Seaton

6. DATE OF BIRTH (month, day, year) June 3rd 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9 6	2 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) Oct

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME David W Kleinhans

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Mary Livingston

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Buffalo, New York Date 2/2 1934

19. UNDERTAKER Henry Ulrich Mears and Son
(Address) 302 N. Calvert St.

REC. FILED 1934 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1934 to Feb 2 1934

I last saw him alive on Feb 2 1934. Death is said to have occurred on the date stated above, at 1.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid	

Other contributory causes of importance: Chronic myocarditis arteriosclerosis hypertension

Post operative shock

Name of operation Resection sigmoid Date of Jan 26

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Richard Krauss M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Via Pennsylvania Railroad Escort - Mrs. Edw. L. Kleinhans

M. D. B. 1268-9

E 97954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 E. Madison St. 10-01 Ward)

Registered No. E 97954

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phyllis Ingalett

(a) Residence: No. 1214 E Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 23 - 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... ddd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Ingalett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Lancaster

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Thomas Ingalett
(Address) 1214 E Madison

18. BURIAL, CREMATION, OR REMOVAL
Place U Md College Date Feb 2 ... 1934

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

0086

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 1933 to Feb 1 ... 1934

I last saw her alive on Jan 31 ... 1934 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lenitis	1-1
	3-3

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo Gilbert M. D.

(Address) 20 E Lexington St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97955

E 97955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Ryan St. 21-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William K. Phillips

(a) Residence: No. 922 Ryan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary B. Phillips

6. DATE OF BIRTH (month, day, year): March 7th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9 10	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Mary B Phillips

(Address): 922 Ryan St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cem. Date: 2/3/ 1934

19. UNDERTAKER: John F. Cowan & Son

(Address): 901 Hollins St

Huntington Williams Asst.

FILED: 2-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/1/ 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to Feb. 1, 1934

I last saw him alive on Feb. 1, 1934. Death is said to have occurred on the date stated above, at 12.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Due to Nephritis	4/1/33

Other contributory causes of importance:

none

Name of operation none Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. Gerber, M. D.

(Address) 888 Hammond St

OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks.

E 97956

97956

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 95-002

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3045 Annah Ave St. 16-01 Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Frances Caldwell

(a) RESIDENCE NO 3045 Annah Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 95 yrs. 8 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, ~~Married~~, Widowed, or ~~Divorced~~ (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas L Caldwell

6 DATE OF BIRTH (month, day, and year) May 23-1838

7 AGE — Years: 95 — Months: 8 — Days: 23 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs Kellie Cox 3045 Annah Ave

15 2-1934 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb-2-34

17

I HEREBY CERTIFY, That I attended deceased from Dec-2 1933, to Feb-2 1934

that I last saw h.. alive on Feb-1 1934

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Edema of Lungs

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Martin W. Stubb M. D.

2-4-34 Address 806 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Feb 5th 1934

20 UNDERTAKER: Adams & Fox — ADDRESS: 2224 Pennsylvania Ave

TION is very important. See instructions on back of certificate. Exact statement of OCCUP... may be properly classified.

M. D. B. 1268-9

E 97957

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97957

CERTIFICATE OF DEATH

X V 121

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. [illegible] St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Ady

(a) Residence: No. Sharon Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Teresa Ady.

6. DATE OF BIRTH (month, day, year) Apr. 26, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	9	7.6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D.S.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Ady.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Buckley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Samuel Ady.

(Address) Sharon Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Agapius Date Feb. 5, 1934

19. UNDERTAKER Harburger & Goos

(Address) Bengal Md.

20. FILED Feb 5 1934 Huntington Williams Registrar

FEB 2 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 27. 1934 to February 2. 1934

I last saw him alive on February 2. 1934 Death is said to have occurred on the date stated above, at 12 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Appendicitis - acute	
2. Peritonitis - generalized	
Other contributory causes of importance:	
1. Bronchitis - pleurisy (r.t)	

Name of operation Appendectomy Date of 1-27-34

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Magruller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—1-10-21—MAT—1500 Blks.

E 97958

97958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

XV 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6319 Blair Road ST. 27-61 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Mary Federowicz

(a) RESIDENCE NO. 2064 Barnum Ave ST. Stratford Conn WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Federowicz

6 DATE OF BIRTH (month, day, and year): Dec 11 1910

7 AGE — Years: 23 — Months: — Days: — If LESS than 1 day, hrs. or min.: 1 20

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Stanley Kolywinski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Catherine Retaryzak

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Joseph Federowicz

(Address): 6319 Blair Road

15 Filed 2-1934 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 2 1934 to Jan 31 1934

that I last saw h[e] alive on Jan 31 1934

and that death occurred, on the date stated above, at 230 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

Metastasis to Barnum.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Ansonia

Did an operation precede death? Yes Date of Jan 20 34

Was there an autopsy? No

What test confirmed diagnosis? Laparotomy

(Signed) Wm Ivan Hurley M. D.

2-2-34 (Address) 293 E 03 allo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem

DATE OF BURIAL: Feb. 3 1934

20 UNDERTAKER: Stephen J. Fialkowski

ADDRESS: 1600 S. Kenwood Ave

TION is very important. See instructions on back of certificates.

...ficate of death in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

M. D. B. 1268-9

A 92959

HEALTH DEPARTMENT—CITY OF BALTIMORE

92959

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 W Fayette St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Jennie L. Chatkel

(a) Residence: No. 1325 West Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H Chatkel

6. DATE OF BIRTH (month, day, year) Dec 4 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsfield Mass

FATHER

13. NAME Unknown Poor

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank M. Chatkel

(Address) 1325 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Rock Creek Washington DC Date Feb 3 1934

19. UNDERTAKER Wm Cook & Co

(Address) 1217 E Fayette St

20. FILED ..... 1934 ..... Registrar.

2-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933 to Feb 1, 1934

I last saw her alive on Feb 1, 1934 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart	
Generalized Dropsy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward M Mozgan M. D.

(Address) 1216 W Fayette

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 97960

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97960

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Stafford St, Ward) 20

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August Hastmann

(a) Residence: No. 3203 Stafford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Kynoan

6. DATE OF BIRTH (month, day, year) Oct 27 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Livestock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Hastmann

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs. Agnes Hastmann

(Address) 3203 Stafford St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 3. 1934

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

20. FILED Feb 2 1934 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31. 1934

22. I HEREBY CERTIFY, That I attended deceased from August 31 1933 to Jan 31 1934

I last saw h[illegible]ive on Jan 30 1934 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Chronic Myocardial + Endo	Several
Cardial Dis. + Generalized	years.
arteriosclerosis.	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A Marshall M. D.

(Address) 290 E Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. B. F. 1268-9

E 97961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97961

CERTIFICATE OF DEATH

✓ 145-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 70-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sadie P. C. Childs

(a) Residence: No. 27 No Wheeler ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William C Childs

6. DATE OF BIRTH (month, day, year): April 24-1887

7. AGE: Years: 36 | Months: 10 | Days: 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: William Collins

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Gertrude Brooks

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: William C. Childs

(Address): 27 No Wheeler Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Feb 5, 1934

19. UNDERTAKER: Leo. L. Schwab

(Address): 2101 Frederick Ave

Filed: 2-5-1934 Huntington Maryland, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Influenza	Jan 1-34
Pelvic Abscess	Jan 23-1934

Other contributory causes of importance:

Name of operation: Inguing Date of: Feb 2-1934

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jack L. Valentine M. D.
Coroner

(Address) 16 S. Broadway

M. D. B. 1268-0

E 97962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97962

V 91-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 Gough St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Jr Cathy

(a) Residence: No. 1306 Gough St St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept 16. 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19 20.	5 4	17 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Mill

10. Date deceased last worked at this occupation (month and year) 040

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore (Md)

FATHER

13. NAME Joseph Cathy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sadie Wilson

16. BIRTHPLACE (city or town) (State or country) Calvert County

17. INFORMANT Joseph Cathy

(Address) 1306 Gough St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greg Rodeemer Date Feb 5 1934

19. UNDERTAKER Wendell & Hagner

(Address) 300 N Eden St.

20. FILED 2 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1933 to Feb. 1 1934

I last saw h~~im~~ alive on Feb 1 1934 Death is said to have occurred on the date stated above, at 9 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Bacterial Endocarditis following Valvular Heart Disease	2 wks

Other contributory causes of importance Acute Cardiac decompensation 1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mal J Geraghty M. D.

(Address) 1001 E. Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97963 / E 97963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alberta Crampton

(a) Residence: No. Middlebury - Stemmers Run Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-18-27

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Crampton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ruth Nichol

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date Feb 3, 1934

19. UNDERTAKER John G Connelly
(Address) Essex Md.

20. FILED Feb 3 1934 Huntington Millinery Co
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934, to Feb 1, 1934

I last saw h[illegible] alive on Feb 1, 1934. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis - Rheumatic Pericarditis	Dec 25 1933

Other contributory causes of importance:

Aortic, Mitral & Tricuspid Insufficiency	12/24/33

Name of operation None Date of None

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur H Hurd M. D.

(Address) Johns Hopkins Hospital Baltimore Md

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

E 97964

E 97964
281553
N-Surg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 54-004

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick A. Goldstein

(a) Residence: No. 6305 Southwood Ave., Ward. St. Louis Mo.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 18-1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35 34	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice-President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation 1086

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Jacob Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Lubinsky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Louis Mo Date 2/2/34 19

19. UNDERTAKER Jos. Lahrens
(Address) 22 Levan

20. FILED 2 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-31-1934 to 2-2-1934

I last saw him alive on 2-2-1934. Death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	1933
Benign	

Other contributory causes of importance:

Name of operation Rt. Craniotomy Date of 2-2-34

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Rumbel M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 97965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 6-61 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert B. Johnson

(a) Residence: No. 1621 Jefferson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A. A	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Unknown

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary Osborne

(Address) 1711 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Middlesex Co. Va. Date 2/4 19 34

19. UNDERTAKER Mrs. Chas. L. Darley

(Address) 1421 Jefferson St

20. FILED 19 , Registrar.

C - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1 . 19 34

22. I HEREBY CERTIFY, That I attended deceased from 1-24 , 19 34 to 2-1 , 19 34

I last saw him alive on 2-1 , 19 34 Death is said to have occurred on the date stated above, at 5:11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	8 days
Chronic Valvulitis	2 yrs ?
Hypertension	Unknown
Left hemiplegia	1 yr.

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carson C. Johnson , M. D.

(Address) 632 Baker St

INSTRUCTIONS.—Every question on this certificate must be answered in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 97966

97966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Ridgewood Ave St., 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Bertha Schlicht

(a) Residence: No. 2905 Ridgewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE Late Rev. Charles A. Schlicht

6. DATE OF BIRTH (month, day, year) Dec 31, 1852.

7. AGE: Years 77 | Months 1 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Bertha Schlicht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Trockbrodt

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister, Miss Matilda Trockbrodt

(Address) 2905 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 3, 1934

19. UNDERTAKER Harry Hartke

(Address) 1101 Edmondson Ave

20. FILED 2 1934, 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1933 to 2-1-, 1934

I last saw her alive on 2-1- 1934 death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Hemorrhage	

Other contributory causes of importance:

Arteriosclerosis + Myocarditis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Ameseth Longley M. D.

(Address) 3705 Liberty Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97967

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97967

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2757 Mosher St., 16-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary L. Connor

(a) Residence: No. 2757 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Thomas F. Connor

6. DATE OF BIRTH (month, day, year) June 30, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Conrad Brown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Weidner

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Richmond

(Address) 2757 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 2, 1934

19. UNDERTAKER Martin Fisher & Son

(Address) 1000 Pennsylvania Ave.

20. FILED Feb 1 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1934, to January 31, 1934

I last saw her alive on January 31, 1934 Death is said to have occurred on the date stated above, at 3:02 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	5 Days

Other contributory causes of importance:

Influenza, Chronic Myocarditis 6 Yrs.
Aging Senility,
Acute Intestinal Nephritis.

Name of operation No Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos. F. Connor, M. D.

(Address) 2878 Hudson Rd

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 97968

97968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. ..... St., 12-01 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ...

2. FULL NAME Robert P. Conway

(a) Residence: No. Laurel, Delaware St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Ethel G. Conway

6. DATE OF BIRTH (month, day, year) Feb. 17, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 10-15-32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

FATHER

13. NAME Harvey H. Conway

14. BIRTHPLACE (city or town) (State or country) Concord Dela.

MOTHER

15. MAIDEN NAME Sarah Wooley

16. BIRTHPLACE (city or town) (State or country) Concord Dela.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel-Del Date Feb 3 1934

19. UNDERTAKER Wm Pickering & Sons
(Address) Nagel & Paines.

20. FILED 1934 Clinton Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1934 to February 2, 1934.
I last saw him alive on February 2, 1934. Death is said to have occurred on the date stated above, at 4:27 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor, malignant of mediastinum	15 ds
Other contributory causes of importance: Abscess, intra-abdominal (colon infection)	27 ds

Name of operation Celiotomy Date of 1-29-34

What test confirmed diagnosis? Autop. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Em Townsend, M. D.

(Address) U.S. Marine Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 97969

E 97969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 S. Linwood Ave. St., 1-C Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Finger

(a) Residence: No. 734 S. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of ------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 7 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Conrad Finger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Heubsch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Michel Finger
(Address) 734 S. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem Date Feb 3 1934

19. UNDERTAKER George W. Zipfler
(Address) 1737 E. Eager St.

Huntington Williams
Registrar.

20. FILED 2-3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934 to Jan 31, 1934

I last saw h alive on Jan 31, 1934 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/20/34

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. R. Kriebelmeier M. D.

(Address) 2939 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. B. 1268-9

✓ E 97970

97970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1145 W. Hamburg St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Raymond Schmidt Jr.

(a) Residence: No. 1145 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 29. 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Raymond Schmidt Jr

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Lankau

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Henry R. Schmidt Sr
(Address) 1145 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 5 1934

19. UNDERTAKER Mrs. John H. Tenfel & Son
(Address) 901 W. Lafayette St.

Feb 3 1934

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7th 1931 to Feb 1st 1934

I last saw him alive on Feb 1st 1934. Death is said to have occurred on the date stated above, at 12.05 Noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic fever	1925
mitral stenosis: endocarditis	1928
cardiac hypertrophy	
chronic interstitial nephritis	1932
Other contributory causes of importance:	
cardiac failure	1933

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Isaac A. Kipp M. D.

(Address) 3030 Edmondson Ave

M. D. B. 1268-9

E 97971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 23-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Wright

(a) Residence: No. 1028 Patapsco st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 97

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Schaffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Date Feb 5th, 1934

19. UNDERTAKER Henry Breul (Sons, Inc.)

(Address) 1301 E. Eager St

FEB 3 - 1934 Washington Ave. Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 18, 1933 to February 2, 1934

I last saw her alive on February 2, 1934 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M W Jacobson M. D.

(Address) Baltimore City Hospitals

V 5 3 DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 97972

97972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH 2541 Oak St. Registered No. 12-01

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Muirhead Reynolds

(a) Residence: No. 2241 Oak St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Reynolds Sr.

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Julia Carter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Frank Reynolds
(Address) 2241 Oak St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cemetery Date Feb 2nd 1934

19. UNDERTAKER Chas. H. Gaddis
(Address) 2101 McCulloh St.

20. FILED Feb 2 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1934 to Jan 31 1934

I last saw her alive on Jan 31 1934. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	3 days
Other contributory causes of importance:	
Cerebral Hemorrhage	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. E. Richard M. D.

(Address) 1124 N. Eutaw St.

Feb 2 1934 Huntington Ave. 8 P M

Spec.—1-30—M. & T.—250 Blks

E 97973

E 97973

HEALTH DEPARTMENT—CITY OF BALTIMORE

25

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 407 N Carey ST. 18-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Buckner

(a) RESIDENCE NO. 407 N Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced) HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 12, 1919

7 AGE — Years: 14 — Months: 7 — Days: 16 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: James Buckner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Florence Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): James Buckner 407 N Carey St

15 FILED 3-1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 30, 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov 12 1933 to Jan 30 1934

that I last saw her alive on Jan 28 1934

and that death occurred, on the date stated above, at 9.10 P m.

The CAUSE OF DEATH was as follows:

Tabes Mesenterica

(duration) yrs. 3 mos.

CONTRIBUTORY (Secondary): Cardiac Failure

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopical

(Signed) D. F. Howell M. D.

1934 (Address) 601 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cemetery

DATE OF BURIAL: Feb 4 1934

20 UNDERTAKER: Mrs. Kate R. Williams

ADDRESS 322 N Schroeder St

THIS IS very important. See instructions on back of certificate.

M. D. H 1268-9

E 97974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Gittings

(a) Residence: No. 1649 Abbott St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Errand Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Gittings

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ella Waters

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Joseph G. Locks
(Address) 1302 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 2-4 1934

19. UNDERTAKER Wm. J. Locks
(Address) 1302 Jefferson St.

20. FILED 2-3 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia-Intestinal Obstruction	
(Small)	
Strangulated Hernia	

Other contributory causes of importance:

Name of operation For strangulation Date of 1/30/34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. E. Owens M. D.
Coroner

(Address) 518 E Lombard

OCCUPATION is very important. See instructions on back of certificate. Exact statement ... properly classified.

M. D. B. 1268-9

✓ E 97975

HEALTH DEPARTMENT—CITY OF BALTIMORE

97975

CERTIFICATE OF DEATH

X 107-001

Registered No. 1-5-01

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. — mos. 3 da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Mrs Etta Gilbert

(a) Residence: No. West Friendship, Howard County, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of N. E. Gilbert

6. DATE OF BIRTH (month, day, year) Jan 15th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	—	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME John Nuckols

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Henry E. Gilbert

(Address) West Friendship, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2/5/34

19. UNDERTAKER F. D. Pfeffer & Son

(Address) 1300 Eastern Ave

20. FILED 2-5-1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2- 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-31 1934 to 2-2 1934

I last saw her alive on 2-2 1934 Death is said to have occurred on the date stated above, at 4.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 weeks

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Carl G Nortel M. D.

(Address) [illegible]

V S 3

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of

E

M. D. B. 1268-9

E 97976

97976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 504 Rose Hill Terrace 9-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel B. Summers

(a) Residence: No. 504 Rose Hill Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Summers

6. DATE OF BIRTH (month, day, year) July 5th 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James A. Webster

14. BIRTHPLACE (city or town) (State or country) Cecil County Md

MOTHER

15. MAIDEN NAME Ellen E. Connor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ethel Summers

(Address) 504 Rose Hill Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date 2/3/34

19. UNDERTAKER F. S. Frankhurt & Son

(Address) 1201 E. Lanvale Street

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31/34

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1933 to Jan 31 1934

I last saw h[illegible] alive on Jan 29 1934. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma of R Breast	?

Other contributory causes of importance:

Name of operation Hysterectomy + ovarian cyst Date of 2/2/33

What test confirmed diagnosis? Microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Brumm and J. Ford M. D.

(Address) 2216 Guilford Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

H. D. B 1268-0

E 97977

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97977

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St., 7 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Flora Odessa English

(a) Residence: No. 603 N Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmal	Colr	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 4 - 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Jas McGill

14. BIRTHPLACE (city or town) S. C.
(State or country)

MOTHER

15. MAIDEN NAME Flora English

16. BIRTHPLACE (city or town) S. C.
(State or country)

17. INFORMANT Flora English
(Address) 603 N Conway

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Jun Cem Date 2/3 1934

19. UNDERTAKER Chas J. Cooper
(Address) 514 N. Calhoun St

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31st 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
	3 Days

Other contributory causes of importance

Chas Heeder

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. Leek Coroner, M. D.

(Address) .....

B.S. 1934

M. D. B. 1268-9

✓ E 97978

HEALTH DEPARTMENT—CITY OF BALTIMORE

97978

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Riviera Apts. 6 E. St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? 42 yrs. mos. ds.

2. FULL NAME David Myers

(a) Residence: No. Riviera Apts. 6 E. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia H. Myers

6. DATE OF BIRTH (month, day, year) Feby. 26, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Hirsh Myers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Elkan Myers,
(Address) 6615 Park Heights Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date Feby. 4, 1934

19. UNDERTAKER Harry Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED 2 1934 Hilton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1933 to Feb. 1, 1934

I last saw h. alive on Feb. 1, 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	1930
Other contributory causes of importance:	
Bronchopneumonia	2 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Eugene Heywood M. D.

(Address) 200 W. Lafayette Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. B. 1268-9

E 97979

97979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. 9-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808-Alameda Boulv. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LeRoy V. Graham

(a) Residence: No. 2808-Alameda Boulv. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith (Pensel)

6. DATE OF BIRTH (month, day, year) 3/14/1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	10	19	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Harry C. Graham

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Minnie A. Vollmer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edith Graham
(Address) 2808-Alameda Boulv.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date 2/5/35 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1935 to Feb 4 1935

I last saw h alive on Feb 2 1935. Death is said to have occurred on the date stated above, at 10a. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Coronary thrombosis	days 3

Other contributory causes of importance:

arter sclerosis & hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L Henderson M. D.

(Address) 1711 N Caroline St

V. S. 3 THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 97980

E 97980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Feige (Frederick J. W. Feige)

(a) Residence: No. 23 South Linwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (McGraw)

6. DATE OF BIRTH (month, day, year) 11-20-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	11 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Mgr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME August J. Feige

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Clementine (Wagner)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sadie Feige

(Address) #23 S. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co Date 2/5/34 19

19. UNDERTAKER J. Ruth Sons

(Address) 23 S. Linwood Ave

Huntington Pittsburgh Pa

2-7-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1933 to February 1, 1934

I last saw him alive on February 1, 1934 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Anemia - chronic	
2. Chronic myocarditis	
3. Ind analgesia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Wagenseller, M. D.

(Address) [illegible] BALTIMORE, MD.

MAIN CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 97981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97981 X 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 N. Caroline St. E-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. days. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs R.C.C. Stoffle (Annie B. Stoffle)

(a) Residence: No. 1713 N. Caroline St., Ward. (Usual place of abode) (If non-resident give city or town and State) Jmanchester Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: R.C.C. Stoffle

6. DATE OF BIRTH (month, day, year): May 9th 1887

7. AGE: Years 46 | Months 5 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): May 33

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John Tolbert

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Nulgent Tolbert

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mr. R. C. C. Stoffle

(Address): Manchester Md.

18. BURIAL, CREMATION, OR REMOVAL: (Place) Mt. Lebanon Cem. (Date) Feb 5th, 1934

19. UNDERTAKER: Joseph L. Cook

(Address): 1003 W. Fayette St.

20. FILED: FEB 3 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 15th, 1933, to February 2nd, 1934

I last saw her alive on February 2nd 1934 Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma — Date of onset

Other contributory causes of importance:

Name of operation: Removal of left Breast — Date of: 5-1/33

What test confirmed diagnosis? Microscopic — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Russell Fargo, M. D.

(Address) 2937 N. Calvert St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97982

93-003

Registered No.

1. PLACE OF DEATH: Good Shepherd Hospital

CITY OF BALTIMORE: (No. 1512 N. Gilmore St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 1 mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: Nettie Nelson

(a) Residence: No. 812 Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of: Joseph Nelson

6. DATE OF BIRTH (month, day, year): Dec. 25, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Clinton Rikes

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Mamie Gist

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Joseph Nelson
(Address) 812 Vincent St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 3 34

19. UNDERTAKER: Thomas E. Nelson
(Address) 303 Presstman St

20. FILED: Feb 3 1934 Harrington Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1934 to Jan. 31, 1934

That saw h[illegible] alive on Jan. 31, 1934 Death is said to have occurred on the date stated above, at 1:23 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2 days.
Myocarditis	2 weeks.

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. A. Marshall M. D.

(Address) 1838 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97983

97983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-01 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wesley Randall

(a) Residence No. 1532 William Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frances Randall (dead)

6. DATE OF BIRTH (month, day, year) Oct 4, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md.

FATHER

13. NAME Stephen Randall

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER

15. MAIDEN NAME Frances Jones

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Friends (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 2/3/34

19. UNDERTAKER Mrs George H. Holland (Address) 163 Druid Hill Ave

20. FILED Feb 3 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1934 to Jan 31, 1934

I last saw him alive on Jan 31, 1934 Death is said to have occurred on the date stated above, at 1:35 P m.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus

Chronic pulmonary tuberculosis ?

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Magruder M. D.

(Address) Balt City Hosp

V 6 3

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-0

E 97984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97984

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) # 5 E. Mulberry St., 4-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Lowery

(a) Residence: No. # 5 E. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late John E. Lowery

6. DATE OF BIRTH (month, day, year) Unknown 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 0 '37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Frank J. Towan
(Address) 901 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2/5/1934

19. UNDERTAKER John J. Towan & Son
(Address) 901 Hollins St.

20. FILED 1934 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2/1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h. alive on January 19 34. Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	4 yr
Contributory Thrombus Coronary Occlusion	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M. Fowler M. D. Coroner

(Address) Govt Chas

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 97985

E 97856 ✓ E 97985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

280 856 x 46

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Janet H. Davis

(a) Residence: No. 1035 Fifth ave St., ... Ward. New York City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John McDavid

6. DATE OF BIRTH (month, day, year) 2-14-74

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59 60	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wisconsin

FATHER

13. NAME Robert Shearer

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Martha McKeown

16. BIRTHPLACE (city or town) (State or country) N Y

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New York City Date Feb 3 1934

19. UNDERTAKER Chas R. Evans & Son
(Address) 118 W. 81st, Royal ave

20. FILED ..... 19.... Registrar.

2-3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1934 to Feb 3 1934

I last saw her alive on Feb 3 1934 Death is said to have occurred on the date stated above, at 6 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA of Large Intestine	Jan. 1933
Other contributory causes of importance: SECONDARY ANEMIA	Jan. 1933

Name of operation ..... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Padget M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of DEATH in plain terms, so that it may be properly classified.

M. D. B. 1268-0

(Bucher)

E 97986

E 97986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413 E. Pratt St., 76-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Bucher

(a) Residence: No. 3413 E Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isidor Bucher

6. DATE OF BIRTH (month, day, year): Dec 27 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Isbacher

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Fred Bucher
(Address): 3413 E Pratt

18. BURIAL, CREMATION, OR REMOVAL
Place: Sacred Heart Date: Feb 5 1934

19. UNDERTAKER: Lotz & Zeiler
(Address): 1138 E. Fayette St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 31 1934

22. I HEREBY CERTIFY, That I attended deceased from July 33 to Jan 31 1934
I last saw her alive on Jan 31 1934 Death is said to have occurred on the date stated above, at 9:12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 yr

Other contributory causes of importance:

Coronary Thrombosis	6 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward J Lovat M. D.

(Address) 413 Washington

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3-1934

M. D. B. 1268-0

E 97987

HEALTH DEPARTMENT—CITY OF BALTIMORE

97987

CERTIFICATE OF DEATH

6-01 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 E. Fayette St., 6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kunigunda Doerfler

(a) Residence: No. 2427 E. Fayette St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Henry Doerfler

6. DATE OF BIRTH (month, day, year) July 2nd 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Jacob Prasch.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frances Doerfler Daughter
(Address) 2427 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 5 1934

19. UNDERTAKER Zell - Zeller Inc
(Address) 403 N. Gay St

20. FILED Feb 3 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1934 to Feb 2 1934

I last saw h... alive on Feb 2 1934 Death is said to have occurred on the date stated above, at 7:58 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia: Myocardial Degeneration	Jan 29

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? Normal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Wm. G. Leyrer M. D.

(Address) 156 N. Milton Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec—1-30—M. & T.—250 Bks

E 97988

E 97988

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2823 Clifton Ave. St., 15-01 Ward)

2-FULL NAME William Albert Westhoff

(a) RESIDENCE NO. 2823 Clifton Ave St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? 50 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Susan M. Edgar

6 DATE OF BIRTH (month, day, and year) May 28, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	64	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist 125

(b) General nature of industry, business, or establishment in which employed (or employer) Retail drug store

(c) Name of employer

9 BIRTHPLACE (city or town) _____ (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Germany

14 Informant Mrs Susan M. Westhoff
(Address) 2823 Clifton Ave

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 2-1934

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1934 to Feb. 2, 1934, that I last saw him alive on February 1, 1934, and that death occurred, on the date stated above, at 7:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

more than (duration) 3 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Uremic convulsions

(duration) ____ yrs. ____ mos. 2 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) L. Pendry Wallace, M. D.

, 19 (Address) 2839 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 2-5-1934

20 UNDERTAKER Franklin W Leith

ADDRESS 707 N Howard St

TION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 97989 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97989 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 S. Luzerne St. 1-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME EMILY JANE McWILLIAMS

(a) Residence: No. 613 S. LUzerne St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James McWilliams

6. DATE OF BIRTH (month, day, year) March 30.1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 637

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph M. Hutson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. James McWilliams
(Address) 616 S. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cem. Place ..... Date Feb. 3. 1934 19

19. UNDERTAKER HENRY SANDER & SONS, INC. J. Sander
(Address) Baltimore & Broadway.

20. FILED Feb 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31. 1934 19

22. I HEREBY CERTIFY, That I attended deceased from July. 13 1933 to Jan. 30 1934
I last saw h[illegible] alive on Jan. 30 1934 Death is said to have occurred on the date stated above, at 2.05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other contributory causes of importance:

None	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. L. Long M. D.

(Address) 418 Southway

VOID IF CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97990

CERTIFICATE OF DEATH

11-0 E 97990

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 16-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert M. Pugh

(a) Residence: No. 2222 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 2/33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Marshall Pugh

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Marie Cumberland

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Marshall Pugh
(Address) 2222 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Cemetery Date Jan 3 1933

19. UNDERTAKER Mrs C. Miller & Son
(Address) 2314 Jefferson St

20. FILED ... Registrar.

FEB 3 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Purulent Meningitis (Type undetermined, probably influenzal)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. J. Bacon Coroner, M. D.

(Address) 508 E. Fayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97991 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 97991

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St St. 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sr Scholastica Loughran

(a) Residence: No. Little Sisters of the Poor-1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Loughran

6. DATE OF BIRTH (month, day, year) 20 November 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67 "	2	11 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R C

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Bernard Moalthan

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Superior
(Address) 1200 - Valley St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 2 . 1934

19. UNDERTAKER Gila Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1st . 1934

22. I HEREBY CERTIFY, That I attended deceased from March 23 1933 to Feb 1 1934

I last saw her alive on Jan 31st 1934 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	>

Other contributory causes of importance:

Uremia	2d
Acute Lobar Pneumonia	"
Chr Endocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward M C. Carter, M. D.

(Address) 111 W Madison St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Somerset Rd St. 27-W Ward)

Registered No. 5348

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clintonia Legge MacGregor

(a) Residence: No. 4201 Somerset Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jas. A. MacGregor

6. DATE OF BIRTH (month, day, year): Sept 25 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 53	4	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Kent Island Maryland

FATHER

13. NAME: William T. Legge

14. BIRTHPLACE (city or town) (State or country): Centreville Md.

MOTHER

15. MAIDEN NAME: Marietta Cooks

16. BIRTHPLACE (city or town) (State or country): Centreville Maryland

17. INFORMANT: Mr Jas A. MacGregor

(Address): 4201 Somerset Place

18. BURIAL, CREMATION, OR REMOVAL

Place: Centreville Md Date: Feb 4 1934

19. UNDERTAKER: Stewart Memorial Co.

(Address): 108 W. Mt. Ave.

20. FILED: 1934 Feb 5 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1933 to Feb 2 1934

I last saw h[illegible] alive on Feb. 2 1934. Death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	11/11/33
Chronic Interstitial Nephritis	2yrs

Name of operation: no Date of: no

What test confirmed diagnosis? clinical Was there an autopsy? -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury - 19

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) Vernon F. Keech M. D.

(Address) 108 Somerset Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 97993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 76 S. Carrollton, Ave. St., 17 Ward)

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E. Morgan

(a) Residence: No. 76 S. Carrollton, Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorathea Morgan

6. DATE OF BIRTH (month, day, year) Sept. 14 1858.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. 84

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Morgan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Brooks

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Dorathea Morgan

(Address) 76 S. Carrollton, Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/5/34, 19

19. UNDERTAKER Frederick A. Cole

(Address) 200 W. Lombard St.

20. FILED Huntington Williams, Registrar.

2-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/15/32, 1934, to 2/1/34, 19

I last saw h— alive on 1/31/34 2/31/34, 19 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	!
Art. Sclerosis	
Cerebral Apoplexy	2 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard F. Terry, M. D.

(Address) 410 W. Lombard

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 3

M. D. B 1268-9

97994

HEALTH DEPARTMENT—CITY OF BALTIMORE

97994

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Race St. St., 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 mo. ~~da.~~ How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jefrow Wheatley.(C)

(a) Residence: No. 1105 Race St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower.

5a. If ~~married, widowed, or divorced~~ WIFE of (or) ~~HUSBAND of~~ Cecelia Wheatley.(C)

6. DATE OF BIRTH (month, day, year) June 9, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Rachael Bailey.(C) daughter.
(Address) 16 N. Churchill St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Comby Date 2/3 1934

19. UNDERTAKER Walter B. Spicer
(Address) 139 W. Hamilton St.

20. _____ Registrar.

21. FILED 2-3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt, M. D.
Coroner
2/3/34 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97995

CERTIFICATE OF DEATH

157-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 30 Days How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin Melville Johnson III

(a) Residence: No. 118 Rosewood St., Catonsville, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 4th 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edwin M. Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Cora B. Koller

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Edwin M. Johnson

(Address) 118 Rosewood Ave. Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Feb 5th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

RECEIVED FEB 5 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1934 to Feb 3 1934

I last saw him alive on Feb 3 1934 Death is said to have occurred on the date stated above, at 1.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric stenosis	Jan 30 '34
Other contributory causes of importance:	
malnutrition	

Name of operation Rammstedt's Pyloroplasty Date of Jan 30, '34

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard Stanbrough Jr. M. D.

(Address) University Hospital

No. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 97996 E 97996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 E Lafayette St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter W. Tolson

(a) Residence: No. 207 E. Lafayette Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Helen W. Tolson

6. DATE OF BIRTH (month, day, year) June 24th 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Feb 1934

11. Total time (years) spent in this occupation V 92

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Julius W. Tolson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice Anna Martin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Helen W. Tolson

(Address) 818 A. St S.E. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date Feb 5th 1934

19. UNDERTAKER Wm Cook

(Address) 1317 St Paul St

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	2
Other contributory causes of importance:	
Coronary thrombosis	Sudden

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dancy McLaughlin M. D. Coroner

(Address) 1000 E Lafayette St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. R. 1268-9 E 97997 E 97997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Joyce Brizendine

(a) Residence: No. Williamsburg, Va. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 27 1933

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
0	2	6 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Williamsburg Va

FATHER

13. NAME John E. Brizendine

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Jessie Welsh

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Williamsburg Va Date Feb 3 1934

19. UNDERTAKER Henry W. Tuckey's Sons Co
(Address) McCulloh & Orchard

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from January 28th 1934 to February 3rd 1934
Last saw her alive on February 3rd 1934. Death is said to have occurred on the date stated above, at 1 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, Bilateral	1-28-34

Other contributory causes of importance: over

Name of operation ... Date of ...

What test confirmed diagnosis? X-Ray Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. R. Kador M. D.
(Address) Union Memorial Hospital

INSTRUCTIONS. This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. E 97998 (1269)

E 97998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 54

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-04 (Ward)

Length of residence in city or town where death occurred 10 yrs. 2 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Lee Mohler

(a) Residence: No. 220 W. North ave St., ... Ward ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Botzler

6. DATE OF BIRTH (month, day, year) Jan 15 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 6

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Shepherdstown W Va

MOTHER FATHER

13. NAME Lee Mohler

14. BIRTHPLACE (city or town) (State or country) Shepherdstown

15. MAIDEN NAME Lucy Reinhard

16. BIRTHPLACE (city or town) (State or country) Shepherdstown

17. INFORMANT Mrs Lee Mohler (Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL Place Shepherdstown Date Feb 6 1934

19. UNDERTAKER John C Hoffman (Address) Shepherdstown W Va

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3/ 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/2/34, 19... to 2/3/34, 19... I last saw h.. M alive on 2/3/34, 19... Death is said to have occurred on the date stated above, at 10.55 p m.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular renal disease — Diabetes Mellitus — Date of onset ...

Other contributory causes of importance: Broncho-pneumonia — Date of onset 1/30/34

Uraemia — Date of onset 1/31/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L D Thomas M.D.

(Address) Mt Lee Hospital

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 97999 E 97999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH Levindale Hebrew Home for Aged & Infirm Registered No.

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 7 Ward) 7-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Buckner

(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Hebrew Date 2/4/34 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1 W. Baltimore St.

Registered or Licensed Embalmer

20. FILED FEB 4 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1934 to 2-3 1934

I last saw him alive on 2-2 1934 Death is said to have occurred on the date stated above, at 11:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Raynaud's Disease	
Left hemiplegia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Edmund Levin M. D.

(Address) Levindale

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 93000 E 93000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

2. FULL NAME Eva Wolman

(a) Residence: No. 3 Irving Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
~~(or WIFE of~~ Hyman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ner Tamid Cem Date 2/4/34 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Baltimore St.

20. FILED ... 19... (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 , 1934

22. I HEREBY CERTIFY, That I attended deceased from January 28 , 1934 to Feb 3 , 1934

I last saw h... alive on Feb 3 , 1934 Death is said to have occurred on the date stated above, at 10.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	2 weeks
Cardiac hypertrophy + dilatation	
Cardiac insufficiency	
Arteriosclerosis	
Bronchopneumonia - type undetermined	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry B. Makover M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D-4-1934

M. D. B. 126 E 98001 E 98001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH Sinai Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 70-01 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

2. FULL NAME Isaac Block

(a) Residence: No. 444 Smallwood Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sara Block

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taylor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Block - Son

(Address) 444 S. Smallwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 2-4-34 19

19. UNDERTAKER Jack Rapp Inc

(Address) 1939 E. Baltimore St

20. FILED FEB 4 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2/34 19

22. I HEREBY CERTIFY, That I attended deceased from 1/26/34 19 to 2/2/34 19

I last saw him alive on 2/2/34 19 Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/25/34

Other contributory causes of importance:

Arteriosclerosis

Chr. Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Leganni M. D.

(Address) Sinai Hospital

Form 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain classified. Exact statement of OCCUPATION is very important. See instructions on reverse side of certificate.

M. D. B. 126-a E 98002

E 98002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 18-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Ethel Plotkin

(a) Residence: No. 830 W. Balto. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt Carmel Date 2/4/34 19...

19. UNDERTAKER Jack Lewis Inc

(Address) 439 E. Balto St

20. FILED FEB 4 1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1934 to Feb 2 1934

I last saw h.er alive on Feb 2 1934 Death is said to have occurred on the date stated above, at 5.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	7 days
Arteriosclerosis	several years.
Hypertension	
Chronic myocardial	
Chronic nephritis	

Other contributory causes of importance:

Secondary Anemia

Cardiac insufficiency.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Albert J. Hemelfarb M. D.

(Address) Sinai Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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AACo. 5-31 2M3

E 93003

E 93003

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Arlington Ave 16-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Marie(a) Jones

(a) Residence: No. 912 Arlington Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Richard Jones

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Arthur Muse

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mariah Lee

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Alice Thompson

(Address) 1341 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Date 2/6/34 19

19. UNDERTAKER Saml T. Bentley

(Address) 1783 Biddle St Baltimore, Md

20. FILED FEB 4 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30th 1934 to Feb 2nd 1934

I last saw h[illegible] alive on Feb 2nd 1934 3:30 A.m. death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/30/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. E. Bell M. D.

(Address) 1730 Druid Pk

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 E 98004

E 98004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vet. of America Hospital St., (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Enoch T. Addison

(a) Residence: No. 67 Winters Ave (Usual place of abode) Catonsville, Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Addison

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 918

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston, Mass.

FATHER

13. NAME William T. Addison

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Alice L. Morgan

16. BIRTHPLACE (city or town) (State or country) Richmond, Va

17. INFORMANT Mrs. E. Addison

(Address) 67 Winters Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 2/5/34, 19

19. UNDERTAKER Samuel T. Hemsley

(Address) 518 N Bridle St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 - 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Pulmonary Hemorrhage (Hemoptysis,	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edgar Feller M. D.

Coroner

(Address) 2 W Eutaw Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1266 E 98005 E 98005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Valley St., 10-01 Ward)

Registered No. 51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick J. Maguire

(a) Residence: No. 1001 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Black

6. DATE OF BIRTH (month, day, year) Mar. 7. 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waterworks Bureau

10. Date deceased last worked at this occupation (month and year) about 10 yrs

11. Total time (years) spent in this occupation 46 yrs

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Matthew Maguire

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine McCall

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary A. Maguire
(Address) 1001 Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cemetery Date Feb. 5th, 1934

19. UNDERTAKER Edwin W. Conklin
(Address) 924 N. Edgewood

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1934 to Feb 1, 1934

I last saw h... alive on Feb 1, 1934. Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobular)	1 week
Other contributory causes of importance:	
Pulmonary Edema	24 hrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dr Bernard Wells, M. D.

(Address) 1216 N. Calvert St.

N. B.—WRITE PLAINLY, WITH INK. ALL QUESTIONS MUST BE ANSWERED. PHYSICIANS should be careful to see that all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 2 1934

M. D. B. 1268-9

E 98006

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98006

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3504 Fairview Ave. St. Lifetime Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ARTHUR M. CASEY

(a) Residence: No. 3504 Fairview Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen C. Casey

6. DATE OF BIRTH (month, day, year) April 13th. 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	9	20 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Major

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. A. 08b

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Andrew Casey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. Quayle

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Helen C. Casey
(Address) 3504 Fairview Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Arlington Va. Date February 5 1938

19. UNDERTAKER Geo C. Grace & Son
(Address) 115 N. Mt. Royal Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5th. 38

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938 to Feb 3, 1938.

I last saw h... alive on Feb 2, 19 38. Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify ..... No

(Signed) Thos Quayle M. D.

(Address) 3501 Garrison Blvd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

M. D. B. 1908-9 E 98007

E 98007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 150 N. Linwood Ave Ward) 6-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cyrus Spicer Jefferson

(a) Residence: No. 150 N. Linwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 20th 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway Co

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation 25 —

12. BIRTHPLACE (city or town) (State or country) Somerset Co Md.

FATHER

13. NAME Robert W. Jefferson

14. BIRTHPLACE (city or town) (State or country) Seaford Del

MOTHER

15. MAIDEN NAME Emily White

16. BIRTHPLACE (city or town) (State or country) Somerset Co Md.

17. INFORMANT Mrs Geo Weikert

(Address) 150 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 6th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Feb 7 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1934 to Feb 3 1934

I last saw h.. alive on Feb 3 1934 Death is said to have occurred on the date stated above, at 12.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	Jan 29th
Other contributory causes of importance: Acute Myocarditis	Feb 2/34

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, state how

(Signed) Phil Lee Carrington M. D.

(Address) 2942 Eyler St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 1934 3

E 98008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98008

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 N. Lombard ST. 18-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arnold Mattelentz

(Residence in Baltimore: No. 810 N. Lombard St.; ..yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White.

5-SINGLE, MARRIED, ~~WIDOWED~~ OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, August (Month) 5 (Day), 1933 (Year)

7-AGE, ..yrs. 5 mos. 29 ds. 28

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country) Baltimore Md.

PARENTS.

10-NAME OF FATHER Lawrence Mattelentz

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md.

12-MAIDEN NAME OF MOTHER Julia Gibbs

13-BIRTHPLACE OF MOTHER (State or Country). Balto Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence Mattelentz

(Address) 810 N. Lombard

15-

Filed ..... 193.. Registrar.

FEB 5 - 1934

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb. 3, 1934 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Feb 1 1934 to Feb 3 1934 that I saw h alive on Feb 1 1934 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Undetermined (Duration) ..yrs. ..mos. ..ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) ..yrs. ..mos. 1 ds.

(Signed) Jno. Lt. C. Blake M. D.

2-3-34 (Address) 919 Med. Arts Bldg.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL, Holy Redeemer Cemetery DATE OF BURIAL, 2/5 1934

20-UNDERTAKER Chas. H. Keyhauser ADDRESS 703 McHenry St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268 E 98009 E 98009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√184

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2329 Sidney Ave St. 25-01 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Parsley

(a) Residence: No. 2329 Sidney Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 25 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John E. Parsley

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Luella Carroll

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT John Coral
(Address) 2329 Sidney Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb 6th, 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED ..... 19 ..... Registrar

FEB 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1934

22. I HEREBY CERTIFY, ~~That I attended deceased from~~ ....., 19..., to ....., 19...

~~I last saw him~~ ~~alive on~~ ....., 19..., Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound through head and brain	Feb 2 1934

Other contributory causes of importance:
Accidental firing of pistol

Name of operation Autopsy Date of Feb 2

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? Feb 2 1934

Where did injury occur? 2329 Sidney Ave - Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Accidental firing of pistol

Nature of injury Bullet wound through head

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos. L. Valentine, M. D.
Coroner

(Address) 1 East Broadway

V56 OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1 E 98010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98010

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 E Lafayette St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph R Hirsch

(a) Residence: No. 221 E Lafayette Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 16 1932

7. AGE: Years 1; Months 2; Days 17; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME: Joseph R Hirsch

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Mildred Burns

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Mrs Joseph R Hirsch

(Address) 221 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dolphin Mem. Date Feb 5, 1934

19. UNDERTAKER: Wilson Cook

(Address) 1210 E Fayette

20. FILED Feb 5 1934 Registrar

FEB 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from JAN 26 1934, 19 to FEB 3 1934, 19

I last saw him alive on FEB 3 1934, 19 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/26/34
Other contributory causes of importance: Whooping Cough	1/26/34
Convulsions	

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo N Weber M. D.

(Address) 425 E North Ave

M. D. B. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 E 98011 Cannon E 98011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 E Northwood 9-Ct (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James E Cannon Sr

(a) Residence: No. 822 E Northwood St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M Cannon

6. DATE OF BIRTH (month, day, year) Nov 20 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ticket Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R.R. 073

10. Date deceased last worked at this occupation (month and year) Dec 1930

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Big Spring Pa

FATHER

13. NAME Peter M Cannon

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Caroline M Thayer

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Annie M Cannon

(Address) 822 E Northwood

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 6 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from FEB 3 - 1934 19... to FEB 4 - 1934 19...

I last saw h/A1 alive on FEB 4 - 1934 19... Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 3 34

Other contributory causes of importance:

Chronic interstitial Nephritis + Arteriosclerosis	(?)

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. T. Hunter M. D.

(Address) 8 E. Northwood

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

y s 3

FEB 5 - 1934

M. D. B. 126 **E 98012** **E 98012**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1404-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Frances Kutz

(a) Residence: No. 601 - S. Patterson Park Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Kutz

6. DATE OF BIRTH (month, day, year) 8/7/94

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39 40	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joe Kurek.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Kurek.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Michael Kutz.

(Address) 601 S Patterson Park

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 8 1937

19. UNDERTAKER F. W. Lazenski

(Address) 900 Eastern Ave

20. FILED ..... 19..... Registrar.

FEB 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/11/37, 19... to 2/4/37, 19...

I last saw h.. alive on 2/4/37, 19... Death is said to have occurred on the date stated above, at 6⁰⁰ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Placenta Previa	
Lobar Pneumonia	

Other contributory causes of importance:

Diabetes Mellitus	
Septicemia (B. Coli)	

Name of operation Version + Extraction Date of 1/11/37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alpha N. Lowman M. D.

(Address) Bon Secours Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. 3 v. 3

M. D. F. 1269 **E 98013**

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98013

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MD St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert McCaddin

(a) Residence: No. 6605 Hamptett Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Apr 11 1932 ✓

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm J McCaddin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Myrtle M. Cairns

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Myrtle M. McCaddin
(Address) 6605 Hamptett ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemt Date Feb 5 1934

19. UNDERTAKER George W. Zirkler
(Address) 1327 E Eager St

20. FILED ..... 19 .....
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4 1934

22. I HEREBY CERTIFY, That I attended deceased from January 21 1934 to February 4 1934

I last saw him alive on February 4 1934 Death is said to have occurred on the date stated above, at 6:12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia - Lobar	
2. Otitis media	
3. Fibrinous pleurisy	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis autopsy there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. M. Wagenseller M. D.

(Address) St. Joseph's Hospital Baltimore Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 **E 98014**

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98014

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 William St. 24-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Virginia Simonds

(a) Residence: No. 1716 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Chas. Benj Simonds

6. DATE OF BIRTH (month, day, year): About 1878

7. AGE: Years: About 55; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fredericksburg Va

FATHER

13. NAME: Smith

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr Chas B. Simonds

(Address) 1716 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel - Md Date Feb. 6, 1934

19. UNDERTAKER: Wm J. Pickrell Sons

(Address) North & Pa Aves.

20. FILED ..... 19..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934 to Feb 3, 1934

I last saw h[illegible] alive on Feb 3, 1934 Death is said to have occurred on the date stated above, at 2.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	Jan 15 '34
Other contributory causes of importance: Endocarditis	

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Campbell M. D.

2/4/34 (Address) 1644 Hanover St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. No. E-98015

E 98015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolto city Hosp. 5-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter John Conroy.

(a) Residence: No. 109 Bismuth St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1863

6. DATE OF BIRTH (month, day, year) Mar. 18 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Lab

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME John Conroy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Lynch

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hosp records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date 2/5/34

19. UNDERTAKER J. J. Fahey & Son
(Address) 1348 Light St.

20. FILED FEB 5 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3/34. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/27, 1934 to 2/3, 1934

I last saw him alive on 2/3, 19 34. Death is said to have occurred on the date stated above, at 5:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia hypostatic ?	
Other contributory causes of importance:	
Uremia	4 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. R. Bourne, M. D.

(Address) Bolto city Hosp.

V S 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 12 E 98016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98016

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Cumberland St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary Elizabeth E. Hall

(a) Residence: No. 611 Cumberland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 28-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	9 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent at this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Herman Hall

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Cecelia Carroll

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Cecelia Carroll
(Address) 611 Cumberland

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date 2/5/34 19

19. UNDERTAKER Sam'l W. Black & Son
(Address) 638 W. Fayette

20. FILED ..... 19 ..... Registrar

FEB 3 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd, 19 34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
B. Dazell	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Leslie Hall, M. D.
Coroner

(Address) Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12 E 98017

E 98017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland — Registered No.

CITY OF BALTIMORE: (No. 12-21 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sydney Smith

(a) Residence: No. 948 S. Sheridan Street, Tacoma, Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Granger Smith

6. DATE OF BIRTH (month, day, year) June 12, 1905

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
28	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) October, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tacoma (State or country) Washington

FATHER

13. NAME Alexander

14. BIRTHPLACE (city or town) St. Joe (State or country) Missouri

MOTHER

15. MAIDEN NAME Anna Wilson

16. BIRTHPLACE (city or town) Waverly (State or country) Minnesota

17. INFORMANT Records, U. S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Paul's Cemetery Date 2-6-34 19

19. UNDERTAKER Kendall E. Hutchins (Address) [illegible]

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1933 to February 2, 1934

I last saw him alive on February 2, 1934 Death is said to have occurred on the date stated above, at 8:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, secondary	10-[illegible]-[illegible]

Other contributory causes of importance:

Salvarsan poisoning, acute, with hepatitis and dermatitis	12-16-33
Pneumonia, lobular, left lower	1-23-34
Pneumonia, lobar, left	2-1-34

Name of operation ... Date of ...

What test confirmed diagnosis? Lab. & clinical findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) G. A. Abbott. M. D.

(Address) U. S. Marine Hospital, Balto. Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 **E 98018** ✓ **E 98018**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Magdalene Pinkett

(a) Residence: No. 203 Montford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Pinkett

6. DATE OF BIRTH (month, day, year) June 4, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 39

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Cole

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

MOTHER

15. MAIDEN NAME Mary Emma

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

17. INFORMANT Friends

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date Feb 5th, 1934

19. UNDERTAKER Milton Davis

(Address) 416 N. Caroline St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1934 to Feb 1, 1934

I last saw her alive on Feb 1, 1934 Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, rheumatic?	?
Myocardial Insufficiency & Congestive failure	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Rhagel M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12 E 98019

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98019

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Carsmith St. 10-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie E Connis

(a) Residence: No. 932 asquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colord	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homisile

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Essae Connis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME annie May Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT annie May Connis

(Address) 932 asquith st

18. BURIAL, CREMATION, OR REMOVAL

Place Sarah Cemy Date 2/5/34 19

19. UNDERTAKER Byron & Mossie Wright

(Address) 1214 N Caldeley st

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934 to Feb 1, 1934

I last saw h. alive on Feb 1, 1934. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1 day
Other contributory causes of importance: Acute Cholecystitis	10 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isidore J. Ery M. D.

(Address) 2324 Eastern Ave

Instructions: Use typewriter or write with pen and ink. Use blue or black indelible pencil. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILED 1934

A&Co. 5-[illegible]50B **E 98020**

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98020

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. 23-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 210 W. Hamburg St. Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Gaines (young)

(a) Residence: No. 210 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Young

6. DATE OF BIRTH (month, day, year) Dec 3 1914

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	20	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Harry Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Viola Rogers

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Viola Rogers
(Address) 210 W. Hamburg

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2-5 1934

19. UNDERTAKER James A. Hayes
(Address) 1142 Wash Blvd

20. FILED FEB 5 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1933 to Feb 2 1934

I last saw her alive on Feb 1 1934 death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 1933

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? Sputum Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John W. Payne M.D.

(Address) 615 N. Eutaw St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 98021 E 98021

281266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Roberts

(a) Residence: No. 1050 N Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Linson

6. DATE OF BIRTH (month, day, year) 6-15-03

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S Car

FATHER

13. NAME Harry Green

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Julia Small

16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 2-5-34

19. UNDERTAKER Mrs R. A. Elliott
(Address) 112-9 N. Caroline St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934 to Feb 1, 1934.

I last saw her alive on Feb 1, 1934. Death is said to have occurred on the date stated above, at 6³⁰ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2 or 3 yrs
Arteriosclerotic nephritis	"
Arteriosclerosis	
Other contributory causes of importance:	
Hypertension	3-4 yrs
Cardiac Hypertrophy Failure	Jan 25
Uremia	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josef J. Bergmeyer M. D.

(Address) Johns Hopkins Hospital.

V S 3

Information should be satisfactory, signature. NOTE: Causes of death must be stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

FEB 5 - 1934

Spec.—1-30—M. & T.—10 E 98022 ✓ E 98022

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Rutland Ave ST., 7-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Wilson

(a) RESIDENCE NO. 806 Rutland Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Absarner Wilson

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lexington. N.C.

PARENTS

10 NAME OF FATHER Nat Payne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lexington N.C.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant Pearl Brown

(Address) 806 Rutland Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-3-34

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1933, to Feb. 3, 1934, that I last saw h[illegible] alive on Feb. 3, 1934, and that death occurred, on the date stated above, at 4:25A m.

The CAUSE OF DEATH* was as follows:

Chronic Glomerulo Nephritis

Chronic Myocarditis

Coma 1, Hypertension

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clyde Gaw.

(Signed) Wm. L. Long Berry, M. D.

, 19 (Address) 1420 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 2-6 1934

20 UNDERTAKER Mrs R. G. Elliott

ADDRESS 1129 N. Carlton

CAUSE OF DEATH to be plainly written, so that it may be properly classified. See instructions on back of certificates. IMPORTANT

M. D. R. 1268-9 E 98023 E 98023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3322 Ellerslie Ave. St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geneva Grice

(a) Residence: No. 3322 Ellerslie Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Edward Geo. Grice

6. DATE OF BIRTH (month, day, year) May 28, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Hubbard

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarah Forsythe

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Louis M. Grice
(Address) 3322 Ellerslie Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Feb. 5, 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure Hypostatic Pneumonia	
Other contributory causes of importance: Fractured left hip	6 wks

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury , 19

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell off chair in home

Nature of injury bed room

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner, M. D.
(Address) 508 E Fayette

OCCUPATION is very important. See instructions on back of certificate.

E 98024 ✓ E 98024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Mid Lew York St. (Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ezekiel Theo Jones.

(a) Residence: No. 3915 Liberty Heights Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Jones.

6. DATE OF BIRTH (month, day, year) Nov 1-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bake Mans

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME John Lecin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Campbell Frances Virginia

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Ida Jones
(Address) 3915 Liberty Heights

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 5 1934

19. UNDERTAKER Geo J Smith
(Address) 1900 Edmondson Ave

20. FILED Feb 6 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. L. Funk M. D.
(Coroner)

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 98025

E 98025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S. Athol Ave. St., 20-01 Ward)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Lucretia Kirkman

(a) Residence: No. 204 S. Athol Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James W. Kirkman

6. DATE OF BIRTH (month, day, year) Aug. 8. 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George W. Ness

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Joanna R. Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Walter R. Kirkman

(Address) Rolling Road, Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feby. 6. 1934

19. UNDERTAKER John C. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4th , 1934

22. I HEREBY CERTIFY, That I attended deceased from , 1924 to Feb 4 , 1934

I last saw h alive on February 3 rd, 1934. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arterio Sclerosis	10 yrs
Hypertension.	
Other contributory causes of importance:	
Cerebro. Malacia -	7
Decompensation Myo. Cordial	48 hrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin V. Bentley M. D.

(Address) 1800 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269 E 98026

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98026

CERTIFICATE OF DEATH

✓ ×186-001

Registered No. .....

1. PLACE OF DEATH Md. Gen'l Hospital

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George A. Buchheister

(a) Residence: No. Upper Marlboro, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ~~Mrs. Geo. A. Buchheister~~ Mary A. Hoch

6. DATE OF BIRTH (month, day, year) Sept 15th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Geo Buchheister

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Earl L. Nitze

(Address) 905 St Georges Road

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

19. UNDERTAKER John A. Hutchison Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3-24 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-9- ..., 19 24 to 2-3- ..., 19 24

I last saw him alive on 2-3 ..., 19 24 Death is said to have occurred on the date stated above, at 12:45 a. m.

The principal cause of death and related causes of importance were as follows:

Fracture of left Tibia — Date of onset

Other contributory causes of importance:

Pulmonary Embolism

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fall down Step

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ..... M. D.

(Address) Md. Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

FEB 5 1924

M. D. 12 E 98027

HEALTH DEPARTMENT—CITY OF BALTIMORE E 98027

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ' yrs. ' mos. ' ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME [Baby Boy Spear] Franklin E. Spear III

(a) Residence: No. 3701 St. Paul Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) February 3. 34

7. AGE	Years	Months	Days	If LESS than 1 day, 23 hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Franklin E. Spear, Jr

14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER

15. MAIDEN NAME Virginia Lewis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Franklin E. Spear

(Address) 3701 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place N. W. Cem. Co. Date Feb 5, 1934

19. UNDERTAKER Frank C. Mitchell & Son

(Address) 1710 Eutaw Place

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1934 to Feb 4, 1934

I last saw h.. alive on Feb 4, 1934 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	

Other contributory causes of importance:

Precipitate labor at term

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) John G. Murray M. D.

(Address) 4 East Chase Street.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268

E 98028

E 98028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1209 Druid Hill St., 11-01 (Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robt Turner

(a) Residence: No. 1209 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE — Years 54 50 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jane Purviance
(Address) 1209 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Feb 5 1934

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from , to , 19

I last saw h alive on Inquiry. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
3 Months	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. L. Kuck M. D.
Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

E 98029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98029

CERTIFICATE OF DEATH.

107-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1307 E Eager. St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert E. Dry.

(Residence in Baltimore: No. 1307 E. Eager. st St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	Col.	

6-DATE OF BIRTH. sept 28 1933
(Month) (Day) (Year)

7-AGE. yrs. 4 mos. 7 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE, (State or Country). Baltimore md.

PARENTS.

10-NAME OF FATHER. Jarvis E Dry

11-BIRTHPLACE OF FATHER, (State or Country). N.C.

12-MAIDEN NAME OF MOTHER. Hilda Willia

13-BIRTHPLACE OF MOTHER, (State or Country). Baltimore md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) hilda Dry

(Address) 1307 E Eager st.

15-

Filed ..... 193.. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Feb 4/34 11 A.M. 193..
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said.....
(Inquest, autopsy or inquiry.)
find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Bronchopneumonia

about 5 days

(Duration) .....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) .....yrs.....mos.....ds.

(Signed) ..... M. D.
(Coroner.)

Feb 5/34 193.. (Address) 600 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Asbury cemtery	feb 6 193..

20-UNDERTAKER.	ADDRESS
Edward Bryan	163 Calem st

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. E 98020 ✓ E 98030

30--M. & T.—10-13—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH In rear of 2212 N. Charles St. REGISTERED NO. 1164

CITY OF BALTIMORE: (No. ..... ST. 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vernon R. Root

(a) RESIDENCE NO Essex, Maryland ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 29, 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	20	5	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Scholar
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10 NAME OF FATHER Joseph F. Root

11 BIRTHPLACE OF FATHER (city or town) (State or country) Illinois

12 MAIDEN NAME OF MOTHER Goldie Merchant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Missouri

14 Informant Mr. Joseph F. Root

(Address) Essex, Md.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH X

16 DATE OF DEATH (month, day, and year) Jan. 28, 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon Monoxide Gas Poisoning

Suicide

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Thos. J. Morrissey Coroner, M. D.

2/3/1934 (Address) 5632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cremation, London Park	Feb. 5
20 UNDERTAKER E. Leroy Stiffler, Inc.	ADDRESS 125

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

98031

HEALTH DEPARTMENT—CITY OF BALTIMORE

98031

CERTIFICATE OF DEATH

82-01 E 98031

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Booth St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Rosa Wich

(a) Residence: No. 2117 Booth St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Conrad Wich

6. DATE OF BIRTH (month, day, year): March 16-1867

7. AGE: Years 66 | Months 10 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: John Reich

14. BIRTHPLACE (city or town) (State or country): Germany.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mr. Conrad Wich

(Address): 2117 Booth St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Feb. 6 1934

19. UNDERTAKER: George L. Schwab

(Address): 2101 Fredrick Ave.

20. FILED FEB 6 1934, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/03, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/1-, 1934 to 2/3-, 1934

last saw h e alive on 2/3, 1934 death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2/1/34

Other contributory causes of importance:

Name of operation: None — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Cahn M. D.

2/3/34 (Address) 2145 N Balto St

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2M

E 98032

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98032

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5305 Ave 34-01 Bosworth St., 24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Vincent Chrystal

(a) Residence: No. 5305 Bosworth Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70 Yrs.	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Chrystal

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna V. Clarke

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. John Lee

(Address) 5303 Bosworth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 6 1934

19. UNDERTAKER R. A. Redfield

(Address) 414 Greenmount Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1934

I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1934 to Feb. 3, 1934

I last saw h[illegible] alive on 2-2-1934 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	Several Years

Other contributory causes of importance:

Myocarditis.
Angina Pectoris.

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Accident.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emerith Lovell M.D.

(Address) 3705 Liberty Heights Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 263-6 E 98033 ✓ E 98033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2815-71 Gyn x 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Price

(a) Residence: No. 618 Buttonwood St., Ward Wilmington Del.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mary Land

FATHER

13. NAME John Griffin

14. BIRTHPLACE (city or town) (State or country) Mary Land

MOTHER

15. MAIDEN NAME Kate Holiday

16. BIRTHPLACE (city or town) (State or country) Mary Land

17. INFORMANT Pearl

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Church Hill Md. Date 2-5-34

19. UNDERTAKER Dennis Carbon

(Address) 716 Penna Ave

20. FILED ..... Registrar.

FEB 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-31-1934 to 2-4-1934

I last saw h[er] alive on 2-4-1934 Death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Due to Cardio-Vascular Renal Disease and Hypertension	

Other contributory causes of importance:

Arteriosclerosis
Myoma Uteri
Anemia Secondary

Name of operation Removal 2 myoma per Baglietum Date of 2-1-34

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — , 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jas. R. Brownell Jr. M. D.

(Address) Johns Hopkins Hospital.

FVS 3

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12 E 98034 E 98034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Patapsco St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle L Meyers

(a) Residence: No. 1425 Patapsco St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry F Meyers

6. DATE OF BIRTH (month, day, year) Aug 15 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shenandoah Va

FATHER

13. NAME John S. Fultz

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy E McDonald

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lillian C Young (Sister)

(Address) 1810 S Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 6 1934

19. UNDERTAKER John F. Denny

(Address) 715 E Lexington St

20. FILED FEB 8 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1/33 19 to Feb 2/34 19

I last saw her alive on Feb 2/34 19 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bilat	Aug/33

Other contributory causes of importance:

None

Name of operation Removal of Uterus Date of Sept 1/20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry J McCollum M. D.

(Address) 1 W Lexington

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 98035

E 98035

CERTIFICATE OF DEATH

11-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Brunes av St 27-01 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes J. Lopes

(a) Residence: No. 2915 Brunes av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Lopes

6. DATE OF BIRTH (month, day, year) Dec 31- 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator 061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bath Co Cotton

10. Date deceased last worked at this occupation (month and year) Feb 1934

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Peter Lopes.

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mary Lopes.
(Address) 2915 Brunes av

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 5 1934

19. UNDERTAKER Martin F. & T. Dippold Inc
(Address) 22 E. Lanvale St

FDR. 1934 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) February 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1934, to February 2, 1934.

I last saw h alive on February 2, 1934. Death is said to have occurred on the date stated above, at 2 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2 da.
Other contributory causes of importance:	
Influenza	2 da.
Chronic Myocarditis	5 yr.

Name of operation No Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. J. Stevens, M. D.

(Address) 2878 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 8-16-29 L. F. S.—100 Bks.

E 98036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98036

93-003

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 N. Kenwood Ave (Street) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret T. McDonald

(a) RESIDENCE NO. 712 N. Kenwood Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: John W. McDonald

6 DATE OF BIRTH (month, day, and year): Nov. 20-1879

7 AGE: Years 54 | Months 1 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Patrick McCauley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Gettigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Julia Zehner

(Address) 3231 Ravenswood Ave

15 Filed FEB 5 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 3-34

17 I HEREBY CERTIFY, That I attended deceased from Dec 20-33 19 to Feb 3-34 19

that I last saw h alive on Feb 3-34 19

and that death occurred, on the date stated above, at 3 15 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. H. Herrmann, M. D.

Feb 5-34 (Address) 2913 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: Feb. 6-1934

20 UNDERTAKER: Margaret S. Flynn

ADDRESS: 2107 N. Hilton St.

Important. See instructions on back of certificates.

M. D. B. 1268-0

E 98037

E 98037 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Hanover St. 23-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma M. Krebs

(a) Residence: No. 1711 Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan. 27-1864

7. AGE: Years: 70 | Months: 6 | Days: 5 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: John Krebs

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Wil. Kirschner

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Katherine Krebs

(Address) 1711 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Feb. 5 - 1934

19. UNDERTAKER: Margaret E. Flynn

(Address) 2107 N. Milton Ave.

20. FILED ... 19... Registrar

FEB 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1933 to July 2nd 1934

I last saw her alive on July 2 1934 Death is said to have occurred on the date stated above, at 3/04 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr

Other contributory causes of importance: angina Pectoris

Name of operation none Date of X

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury X 19...

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) ... M. D.

(Address) 1340 St. Paul

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-B

98038

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98038

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) W. Balto Hosp St., 13-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? 53 yrs. mos. ds.

2. FULL NAME Anna Schwartzman

(a) Residence: No. 3412 Monia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Myer

6. DATE OF BIRTH (month, day, year) Feb 10 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	54	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Myer Schwartzman
(Address) 3412 Monia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Mill Rd Date 2/5/34 19

19. UNDERTAKER Hugh Lewis Inc
(Address) 1439 E. Balto St

20. FILED 19
Registrar.

FEB 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3rd 1934

22. I HEREBY CERTIFY That I attended deceased from ..... 19.. to ..... 19....
I last saw h.. alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Kuck M. D.
Coroner
(Address) Coroner

SECTION 3 IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98039 E 98039

CERTIFICATE OF DEATH

Registered No. 15-2182-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3407 Lynchester Rd 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stewart B. Lingenfelter
(a) Residence: No. 3407 Lynchester Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie J. Lingenfelter

6. DATE OF BIRTH (month, day, year) Jan 21 1865

7. AGE Years 69 | Months — | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mail Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springs Pa

FATHER
13. NAME Peter Wm H. Lingenfelter
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME Rebecca Easton
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Annie J. Lingenfelter
(Address) 3407 Lynchester Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Philadelphia Pa Date Feb 5 1934

19. UNDERTAKER L. D. Tucker & Sons
(Address) 1700 Pa Ave

20. FILED FEB 5 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.....
that I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..... M. D.
Coroner
(Address)

A&Co. 5-11 2508

E 98040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98040

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Cold Spg Lane St., 27-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Bailey

(a) Residence: No. 1404 Cold Spg Lane St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Martha Bailey

6. DATE OF BIRTH (month, day, year): May 24- 1857

7. AGE — Years: 82 | Months: 8 | Days: 10 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired B&O RR.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Co Md

MOTHER

13. NAME: William Bailey

14. BIRTHPLACE (city or town) (State or country): Frederick Co Md

FATHER

15. MAIDEN NAME: Mary Bradley

16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT: Mrs Hattie Daly

(Address): 1404 Cold Spg Lane

18. BURIAL, CREMATION, OR REMOVAL: St Marys Cemetery Feb 3 1934

19. UNDERTAKER: D. A. Marshall

(Address): 3529 Falls Road

20. FILED: 1934 Feb 3 1934 Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1934 to Feby 3, 1934

I last saw him alive on Feby 3, 1934 death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Aortic Stenosis	
Other contributory causes of importance: Acute Cardiac Dilatation	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Albert L. Levy, M. D.

(Address) 727 E. Preston St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98041

E 98041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 W. Mulberry St. 70-1 Ward)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Huster

(a) Residence: No. 1913 W. Mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of James Huster

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68 67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME James Huster

14. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER

15. MAIDEN NAME Mary McLaughlin

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Mrs Wm Reynolds

(Address) 1913 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Feb 6 - 19 34

19. UNDERTAKER Mary W. Medford

(Address) 22 E. 22nd St

20. FILED ..... 19 ..... Registrar.

B.C. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 23 ..... to 2/3 19 34

I last saw h alive on Jan 31 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Toxemia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, when? .....

(Signed) Jos McCurry M. D.

(Address) 400 N Payson

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-b

98042

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E 98042

CERTIFICATE OF DEATH

V 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hospital St., 23-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sam Tinnell

(a) Residence: No. 1130 Clarkson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mattie

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ramsey, Fla.

FATHER

13. NAME Sam Tinnell

14. BIRTHPLACE (city or town) (State or country) Ramsey Fla.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mattie Tinnell
(Address) 1130 S. Stone St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Feb 5 19 34

19. UNDERTAKER
(Address)

20. FILED 19
0089 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 to 19
I last saw him alive on Injury 19 Death is said to have occurred on the date stated above, at 5:55 Am

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Auto Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/5 1934
Where did injury occur? Hanover St. nr Cross
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by an auto
Nature of injury While walking across street

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Pokorny, M. D.
Coroner
(Address) 2200 E Madison St

M. D. B. 1268-0

E 98043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98043

CERTIFICATE OF DEATH

108

Registered No. 6-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph A. Smallwood

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63 64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Jefferson Smallwood ?

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Jane Clark

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Records
(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Wm College Date Feb 5, 1934

19. UNDERTAKER
(Address)

20. FILED 1934 Registrar.

0087

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934 to Jan 31, 1934

That I saw h alive on Jan 31, 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 wk ?
Chronic Empyema	27 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Pinquell M. D.

(Address) Balt. City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98044

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98044

CERTIFICATE OF DEATH

V 164

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (Jubal) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julian Brewer Tutwiler

(a) Residence: No. 524 N. Howard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Jones Tutwiler

6. DATE OF BIRTH (month, day, year) Nov. 8 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Examiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Reserve

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greensboro Ala.

FATHER

13. NAME Cuzos S. Tutwiler

14. BIRTHPLACE (city or town) (State or country) Ala

MOTHER

15. MAIDEN NAME Jane Brewer

16. BIRTHPLACE (city or town) (State or country) Ala

17. INFORMANT Mrs. J. Tutwiler (Address) 524 N. Howard St

18. BURIAL, CREMATION, OR REMOVAL Greensboro Alabama Date 2/5/34 19

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

20. FILED 2/4 1934 APR Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	Feb 3 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Suicide Date of injury 2-3 1934

Where did injury occur? Balto - Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Garage in rear of 2214 Mon...

Manner of injury Exhaust - auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wayne Zeller M. D.
Coroner

(Address) 2734 Eastern Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

98045 E 98045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

Registered No. 51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Thos E. Barrett

(a) Residence: No. 3007 St Paul St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Thos E. Barrett

6. DATE OF BIRTH (month, day, year) Sept 1 1860.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Edward S. Barrett.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine G Lewis

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos E. Barrett

(Address) 3007 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date Feb. 6th 1934

19. UNDERTAKER Chas J. Krause Son

(Address) 1130 W. Royal Ave

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/26 1934 to 2/3 1934

I last saw him alive on 2/3 1934 Death is said to have occurred on the date stated above, at 10½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt Kidney	May 1933
Secondary anemia from ureteral bleeding	3 mo.
Other contributory causes of importance:	
Circulatory failure	2/3/34
Cachexia	3 hrs

Name of operation Exploratory Date of 1/26/34

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard France M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 573

M. D. B. E-98046 E 98046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH: CITY OF BALTIMORE: (No. Balto Col Fred T 1/Hosp. St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Frederick Gregoser

(a) Residence: No. 3131 E Chase ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	S

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 20 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cloth cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Fred Gregoser

14. BIRTHPLACE (city or town) (State or country) [redacted]

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 4, 193[illegible]

19. UNDERTAKER Geo M. Frank Son

(Address) 811 N Howard St

20. FILED FEB 5 1934, 19[illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1933 to Feb 2, 1934

I last saw him alive on Feb 2, 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma metastases (peritoneum) Gate of Oregon not determined)	1933
Other contributory causes of importance Bronchopneumonia	1/31/34

Name of operation Ex plexolongotapaxtomy ? Was there an autopsy? No

What test confirmed diagnosis?

32. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H A Burn, M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. E-98047

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98047

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J Baecke

(a) Residence: No. 636 East 37th St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ Pauline C. Baecke

6. DATE OF BIRTH (month, day, year) Feby 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6-3

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Hugo Baecke

14. BIRTHPLACE ~~(city or town)~~ (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Brotzman

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Family.
(Address) 636 E 37th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feby 8 1934

19. UNDERTAKER Geo M. Funkhouser
(Address) 811 N Eutaw St

20. FILED FEB 9 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-28 1934 to 2-7 1934

I last saw h[illegible] alive on 2-7 1934 Death is said to have occurred on the date stated above, at 2.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Rheumatic heart disease with pulmonary embolism	Before 1913

Other contributory causes of importance:

None

Name of operation Total ablation of thyroid gland Date of 1-31-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
No. If so, specify.

(Signed) Richard J. Hoover M. D.
(Address) Church Home & Infirmary

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

M. D. H. 1268-9

E 98048

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98048

CERTIFICATE OF DEATH

V 107-001

Registered No. 13-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 40 yrs Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Edward Harris

(a) Residence: No. 3662 Keswick Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V 63

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Emma Jane Harris (Deceased)

6. DATE OF BIRTH (month, day, year): March 6, 1871

7. AGE: Years 62 | Months 10 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer D-20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Co

FATHER

13. NAME: George Harris

14. BIRTHPLACE (city or town) (State or country): Carroll Co Md

MOTHER

15. MAIDEN NAME: Annie

16. BIRTHPLACE (city or town) (State or country): Carroll Co Md

17. INFORMANT (Address): Friends Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL: Interment, Hampden Date Feb 6, 1934

19. UNDERTAKER: Chenoweth & Son

(Address) 3616 17 Chestnut Ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1934 to Feb 2, 1934

I last saw him alive on Feb 2, 1934. Death is said to have occurred on the date stated above, at 9:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Myocardial Insufficiency & congestive failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. D. Pinard M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

E 98049

E 98049 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 W. 40th St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Rohrbach

(a) Residence: No. 1106 W. 40th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 4, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or ... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Melvin W. Rohrbach

14. BIRTHPLACE (city or town) (State or country) Frederick County Md.

MOTHER

15. MAIDEN NAME Willie E. Dean

16. BIRTHPLACE (city or town) (State or country) Columbus Ga.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary Cemetery Date Feb 5, 1934

19. UNDERTAKER Edmondson
(Address) 2613 E. Eastern Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1934 to Feb 4, 1934

I last saw him alive on Feb 4, 1934. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Atelectasis (congenital)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) W. Alexander Worley M. D.

(Address) 1516 Madison ave

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 98050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98050

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Mosher St. 16-01 (Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Frances Gardner

(a) Residence: No. 1805 Mosher St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles E Gardner

6. DATE OF BIRTH (month, day, year) Nov 14 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME Airant Winters

14. BIRTHPLACE (city or town) (State or country) Manchester Md

MOTHER

15. MAIDEN NAME Catherine Englehart

16. BIRTHPLACE (city or town) (State or country) Manchester Md

17. INFORMANT Gladys M Thompson

(Address) Westminster Md.

18. BURIAL, CREMATION, OR REMOVAL

Westminster Date Feb 6, 1934

19. UNDERTAKER Thos E Utz Sons

(Address) 315-17 Saratoga St.

FILED Feb 7 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933 to February 4, 1934

I last saw her alive on Feb 3, 1934 Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	Unknown
Other contributory causes of importance: Chronic Interstitial Nephritis	Unknown

Name of operation none Date of

What test confirmed diagnosis? P.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Chester Rikard, M. D.

(Address) 2532 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98051

E 98051 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis E. Hayden

(a) Residence: No. 2113 Wallbrook Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Shewell

6. DATE OF BIRTH (month, day, year) Oct. 3-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Michael Hayden

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jane Hohlbiene

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary Hayden

(Address) 2113 Wallbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2-6- 1934

19. UNDERTAKER Marlow Fahey & Sons.

(Address) 1827 N. Gilmor Ave.

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3- 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of the heart.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) John J. Morrissey Coroner . M. D.

(Address) 3632 Roland Ave.

M. D. B. 1268-9

98052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98052

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2242 Cambridge 1-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Sar

(a) Residence: No. 2242 Cambridge (Usual place of abode) Baltimore Md Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Katarzyna Sar

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Marcin Sar

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Ben Posturzyn

(Address) 2824 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 2/8 1934

19. UNDERTAKER John J. Tuda

(Address) 2818 Hudson St

20. FILED 2-5-1934 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3/34 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1933 19 to 2/3/34 19

I last saw alive on 2/3/34 19 Death is said to have occurred on the date stated above, at 11 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1 yr.
Coronal Arthma	2 yrs.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. J. Herrmann M. D.

(Address) 2913 E. Baltimore St

V 8 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98053

98053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Patterson

(a) Residence: No. 1424 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 29 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 90

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Patterson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT E. Cora Jones

(Address) 1424 Madison

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Valley Date 2/5/34

19. UNDERTAKER Mrs. George E. Fuller

(Address) 1631 Druid Park

Interim Witness

20. FILED 2-6-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 2, 1934 to Feby 5, 1934

I last saw h.92 alive on Feby 5, 1934 Death is said to have occurred on the date stated above, at 12 00 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia (lobar) Exhaustion	7 days

Other contributory causes of importance:

Pregnancy Terminated

Name of operation [illegible] Date of 2/2/34

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Bratton Hyman M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 98054

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98054

92-001.

CERTIFICATE OF DEATH.

REGISTERED NO. 4-01

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 N. Fremont Ave St.; 4-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Harden

(a) RESIDENCE. No. 1231 N. Fremont Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 5 - 1865

7 AGE — Years: 68 — Months: 2 — Days: 28 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General natore of industry, bosiness, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore - Md

PARENTS

10 NAME OF FATHER Matthew Harden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Harden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Adelle Boone

(Address) 1231 N. Fremont Ave

15 Filed Feb 5 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 2 1934

17

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1933, to Feby 2, 1934, that I last saw h[illegible] alive on Feby 1, 1934 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robt L. Murray, M. D.

, 19 (Address) 5 So. N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dist Auburn Cemetery — DATE OF BURIAL: Feb 6th 34

20 UNDERTAKER: Jno Robt A. Elliott — ADDRESS: 1129 N Carrollton St

TION is very important. See instructions on back of certificates.

2-5-1934

AACo. 5-31 250B

E 98055

98055 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen St. [illegible] Ward)

Length of residence in city or town where death occurred 6 yrs. 8 mos. 2 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dolores Bowden

(a) Residence: No. 3323 St Ambrose St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	8	2 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles J. Bowden

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Maria E. Wagner

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Marie E. Bowden
(Address) 3323 St Ambrose Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Red Date 2/6 1934

19. UNDERTAKER Cronan Lemmon
(Address) 2611 Park Heights Av.

20. FILED 5-1934 Thurlington Milburne, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1934, 19, to Feb 3, 1934, 19

I last saw h[illegible] alive on Feb. 2, 1934, 19 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	1/23/34

Other contributory causes of importance:
1) Peritonitis
2) Sub-hepatic & sub-phrenic abscess
3) Intestinal obstruction
4) Necrotic appendicular mass

Name of operation Appendectomy + Ileostomy Date of 1/23/34

What test confirmed diagnosis? [illegible] Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael J. Wiecek M. D.
(Address) South Balto Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

98058

CERTIFICATE OF DEATH

97 E 98056

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4702 Furley Ave St. 36-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lissy

(a) Residence: No. 4702 Furley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Lissy

6. DATE OF BIRTH (month, day, year): Sept. 22, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: John Novtny

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Anne (Unknown)

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: James Kasda

(Address): 4702 Furley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem. Date: Feb. 7, 1934

19. UNDERTAKER: George J. Kuhl & Son

(Address): 1735 Hanover Ave Balto

20. FILED: 19 Registrar.

FEB 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1934 to Feb. 4 1934

I last saw h. alive on Feb. 3 1934. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	
Auricular Fibrillation	2 yrs
Other contributory causes of importance:	

Name of operation: Date of

What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Vincent V. Doska M. D.

(Address) 845 N. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 98057 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98057

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 E. Fayette Street St., 6-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 years yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Domenico Bottone

(a) Residence: No. 2004 E. Fayette Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Bottone

6. DATE OF BIRTH (month, day, year) Feb. 2, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Anthony Bottone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Samuel Annello

(Address) 2004 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Feb. 6, 1934

19. UNDERTAKER Geo. J. Roth Son

(Address) 735 Washington Blvd

20. FILED 2-6-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933 to Feb. 3, 1934

I last saw him alive on Feb. 3, 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Feb 1, 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Eugene P. Lerough M. D.

(Address) 515 Drury Lane

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98058

98058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 3435

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 31-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 2 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Moeller

(a) Residence: No. 4405 La Salle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 5 1926

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
7 Seven	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md
(State or country)

FATHER

13. NAME Michael J. Moeller

14. BIRTHPLACE (city or town) Balto, Md
(State or country)

MOTHER

15. MAIDEN NAME Charlotte McCaffrey

16. BIRTHPLACE (city or town) Newark, N. J.
(State or country)

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Redeemer Date 2/6 19 34

19. UNDERTAKER Leonard Kreps
(Address) 3305 Howard St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-31-34 19 ... to 2-2-34 19 ...

I last saw her alive on 2-2-34 19 ... Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Pneumonia	1-30-34
left sided and pleurisy	
with effusion	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Nurses notes, Chart & Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. E. Kodam M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 8

M. D. B 1268-9

✓ E 98059

98059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 E Balto St St., 3-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Thomas T Moran

(a) Residence: No 1115 E Balto St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or .....min.
56	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Pleasant Date Feb 5 1934

19. UNDERTAKER
(Address)

20. FILED ..... 19..... Registrar.

8090

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation by Illuminating Gas	
Suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following—Accident, suicide, or homicide? Yes Date of injury 1/31 1934

Where did injury occur? 1115 E Balto (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Asphyxiation by

Nature of injury Illuminating Gas

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B K Herzog M D Coroner

(Address) 1305 N Patterson Park

M. D. B 1268-9

E 98060

98060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 17-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Warner

(a) Residence: No. 622 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date Feb 0 . 19 34

19. UNDERTAKER
(Address)

20. FILED . 19 . Registrar.

0001

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 2459 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C K Herrmann Coroner M. D.

(Address) 1305 N Patterson Park

M. D. B. 1268-9

98061

E 98061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

198

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md. Penitentiary

CITY OF BALTIMORE: (No. 954 Forest St. 10-A (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Page Jupiter, Al. William Southern

(a) Residence: No. 954 Forest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Lowe, deceased

6. DATE OF BIRTH (month, day, year) Mar. 15, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	10	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0&6

12. BIRTHPLACE (city or town) (State or country) Anacostia, D. C.

FATHER

13. NAME John Southern

14. BIRTHPLACE (city or town) (State or country) Anacostia, D. C.

MOTHER

15. MAIDEN NAME Emma Lockwood

16. BIRTHPLACE (city or town) (State or country) Anacostia, D. C.

17. INFORMANT Page Jupiter, Bklyn.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Md. Med College Date Feb 5 1934

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

0092

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1933 to Feb. 2nd 1934

I last saw him alive on Feb. 2nd 1934 Death is said to have occurred on the date stated above, at 12:07 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dislocation of 5th cervical Vertebrae (Fatal surgery)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John J. Aubrey, M. D.

(Address) 3012 Northway Drive

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98062

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98062

CERTIFICATE OF DEATH

157-007

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Tecchioni

(a) Residence: No. 715 Lanvale Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 9 1934

7. AGE Years	Months	Days	~~If LESS than 1 day, ... hrs.~~ or ... min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Tecchioni

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmela Squatrito

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Date Feb 5 1934

19. UNDERTAKER ...
(Address)

20. Filed ... Registered ... 0093

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/19/34 to 1/29/34

I last saw her alive on 1/29/34 Death is said to have occurred on the date stated above, at 12:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina bifida	1/19/34
Hydrocephalus	1/19/34
secondary hemorrhages	1/29/34

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? not

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Howell S. Stout M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

38063 F 38063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 St Paul St. 11-01 Ward)

Length of residence in city or town where death occurred 16 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J. Smallwood

(a) Residence: No. 1010 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND (or) WIFE of Phillip S. W. Smallwood

6. DATE OF BIRTH (month, day, year): Mar. 7, 1857

7. AGE: Years 76 | Months 10 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John Parker
14. BIRTHPLACE (city or town) (State or country): District of Columbia

MOTHER

15. MAIDEN NAME: Elizabeth A. Morsell
16. BIRTHPLACE (city or town) (State or country): District of Columbia

17. INFORMANT: Miss Beulah Smallwood
(Address) 1010 St Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place: St Marks Cem. Date: Feb. 6 1939

19. UNDERTAKER: Easton Sons
(Address) Lloyd St. City

20. FILED: FEB 6 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 1939 to Feby 4 1939

Last saw her alive on Feby 4 1939. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	1929
Chronic Interstitial Nephritis	1930
Chronic Myocarditis	1933

Other contributory causes of importance:

Arth Bronchitis	2 mos

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Steuart F. Pittman M. D.

(Address) 6 East Biddle St

M. D. B. F 98064

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98064

CERTIFICATE OF DEATH

186-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 N. Ellwood Ave St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Holecek

(a) Residence: No. 514 N. Ellwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Holecek

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Votisek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Matilda Hajman

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Angela Holecek (Daughter)

(Address) 514 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 6 19 34

19. UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave

FILED Feb. 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h..... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 8 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Hypostatic Pneumonia	2 day

Other contributory causes of importance:

Fracture of left Femur (Lower 3rd)	Dec 26

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 26/33

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Slipped on floor of her home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Haines, M. D. Coroner

(Address) 508 E Monument

M. D. B. 120

E 98065

E 98065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 N Callington St. 8001 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Stock

(a) Residence: No. 1806 N Callington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stock

6. DATE OF BIRTH (month, day, year) July 26 1873

7. AGE Years 60 Months 6 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crumble Tank Co

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Stock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Stock

(Address) 1806 N Callington St

18. BURIAL, CREMATION, OR REMOVAL

Place Lutherwood Date Jan 6 1934

19. UNDERTAKER J M Cosby

(Address) 1211 E Fayette St

20. FILED FEB 6 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1934 to Jan 4 1934

I last saw h.. alive on Jan 3 1934 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jacob Frahm M. D.

(Address) 1823 N Wash Ave.

M. D. B. 120

E 98066

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98066

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 2 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Palmer Smith.

(a) Residence: No. 215 E. Preston St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) November 9, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	2	25 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward M. Smith.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary V. Webster.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Edward M. Smith. (brother)
(Address) 1707 Chilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 7th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonic.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Hospital autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M Reinhardt Coroner, M. D.

2/5/34 (Address) 1017 E. Charles st.

M. D. B. 1268-9

E 98067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98067

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 Mc Henry St. 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Spindler

(a) Residence: No. 1326 Mc Henry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Annie C. Spindler

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House 05

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Spindler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Castle

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Annie Spindler

(Address) 1326 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb 6th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..., 19... Registrar.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 20 1934 to Feb 4 1934

I last saw h[illegible] alive on Feb 4 1934. Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Prostate & Esophagus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [illegible] M. D.

[illegible]

M. D. B. 126

E 98068

E 98068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Valentine Ellis
(a) Residence: No. 2020 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 12, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	5		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER
13. NAME Frank Ellis
14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER
15. MAIDEN NAME Anna Oszakiewska
16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Wm Thalen (stepfather)
(Address) 2020 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
New Cathedral Date Feb 6 . 1934

19. UNDERTAKER J. C. Zagunowski
(Address) 1702 E. Eastern Ave

20. FILED FEB 6 1934 . 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 . 1934

22. I HEREBY CERTIFY, That I attended deceased from
[illegible] . 19 . to . 19
I last saw h alive on [illegible] . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

[illegible] Subdural Hemorrhage - Pneumonia

Date of onset

Other contributory causes of importance:
Automobile Accident

Name of operation none Date of

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2/2 . 1934
Where did injury occur? Baltimore St & Luzerne Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street accident
Manner of injury While he was coasting on
Nature of injury struck an automobile.

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) Joseph Adamy Coroner. M. D.
(Address) 2200 E. Mad. St.

M. D. B. 1268-9

Roth

E 98069 HEALTH DEPARTMENT—CITY OF BALTIMORE E 98069

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occured in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 E Preston St., 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Roth

(a) Residence: No. 2215 E Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of Minnie Roth
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cigar maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cigar

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME John G Roth

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Louise Bertram

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs Mary
(Address) 241 S Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date Feb 5 1934

19. UNDERTAKER John Ulrich
(Address) 2003 Orleans St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934, to Feb 3, 1934

I last saw h[illegible] alive on Feb 3, 1934. Death is said to have occured on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal Disease	Feb 1

Other contcibutocy causes of importance:

Arterio Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. J. Myers M. D.

(Address) 1201 N Eutaw St

M. D. B 1268-9

98070

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98070

CERTIFICATE OF DEATH

93-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6516 Cleveland Ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah Lewis

(a) Residence: No. 6516 Cleveland Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evan Lewis

6. DATE OF BIRTH (month, day, year) April 17 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

MOTHER FATHER

13. NAME Joseph D Davis

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Mary Lewis

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Hannah Sweitzer

(Address) 6516 Cleveland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Feb 6 1934

19. UNDERTAKER John Ulrich & Sons

(Address) 2008 Oakenwald

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 1/2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) H. B. Herzog M.D. M. D.

Coroner

(Address) 1305 N. Patterson Park

M. D. B. 1268-9

E 98071 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 98071

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirmary 16-21 Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edgar Burman

(a) Residence: No. 3618 Edmondson Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Eda M Burman

6. DATE OF BIRTH (month, day, year) April 22. 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	9	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry E Burman

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sophie K Ambrine

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Sophie K Burman

(Address) 3618 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/6/1934

19. UNDERTAKER John Ulrich & Sons

(Address) 2005 E. Pleasant

20. FILED FEB 6 1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 10 1933 to Feb. 2 1934

Last saw him alive on Feb. 2 1934 Death is said to have occurred on the date stated above, at 9.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	
Hypertension	
Bronchial pneumonia.	

Other contributory causes of importance:

Nephritis	
Chronic	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) David H Andrews M. D.

(Address) Church Home & Infirmary.

M. D. B. 126 E 98072 E 98072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3900 S 5th St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Christina Tilley

(a) Residence: No. 3900 S 5 St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Tilley

6. DATE OF BIRTH (month, day, year) March 14 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Kenrader

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Roberts

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Sarah Wilson Daughter
(Address) 3900 S 5th St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb 7. 1934

19. UNDERTAKER Margaret E. Flynn
(Address) 2167 N. Milton Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1933 to Feb 4 1934

I last saw h.. alive on Feb. 3 1934 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco Pneumonia	5 L.

Other contributory causes of importance:

Chronic Parenchymatous Nephritis
Acute Serous Pericarditis
Mitral Regurgitation Decompensated

41 L.

Name of operation No Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thos. F. Shreve M. D.

(Address) 2878 Harford Rd

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 12[illegible]

E 98073

E 98073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3339 Chestnut Ave St. 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Agnes Rigney

(a) Residence: No. 3339 Chestnut Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas N. Rigney

6. DATE OF BIRTH (month, day, year) Feb. 25. 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME John D. Bailey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah A. Cook

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Thomas N. Rigney

(Address) 3339 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb. 6- 1934

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

20. FILED [illegible] 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3rd 1934 to Feb 3rd 1934

I last saw h[illegible] alive on Feb 3rd 1934. Death is said to have occurred on the date stated above, at 6.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1932
Hypertensive heart disease	?
Coronary thrombosis — Feb 3rd	1934

Other contributory causes of importance:

Generalized arteriosclerosis	?
Gangrenous ulcers rt leg	Jan 34

Name of operation — Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis P. Tunley M. D.

(Address) 300 E. 31st St, Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

DEC 1934

M. D. B. 1268-3

E 98074

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98074

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie M. Baton

(a) Residence: No. 540 N. Fremont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Baton

6. DATE OF BIRTH (month, day, year) July 19, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bedford Co Va

FATHER

13. NAME Stephen Harris

14. BIRTHPLACE (city or town) (State or country) Bedford Co Va

MOTHER

15. MAIDEN NAME Lillian Padgett

16. BIRTHPLACE (city or town) (State or country) Bedford Co Va

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Date 2/7 1934

19. UNDERTAKER Samuel A. Hemsley

(Address) 528 W Biddle St

20. FILED Feb 7 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1934 to Feb 7, 1934

I last saw her alive on Feb 7, 1934 Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days
Toxic manifestations & mild congestive failure	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. Shapiro M. D.

(Address) Baltimore City Hospitals

Spec.—8-16-29—I. F. S. Bks.

E 98075

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98075

CERTIFICATE OF DEATH

82-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3216 Abell ave ST. 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Helen Naylor

(a) RESIDENCE NO. 3216 Abell Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 16 yrs mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) July 3 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md

PARENTS

10 NAME OF FATHER Dr. H. L. R Naylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret S Brady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Bertha E Naylor

(Address) 3216 Abell ave

15 Filed FEB 6 - 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5, 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1933, to Feb 5, 1934, that I last saw her alive on Feb 3, 1934, and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H J Straughn, M. D.

19 (Address) Block House Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Thomas. Garrison Forest

DATE OF BURIAL Feb 6th 1934

20 UNDERTAKER Henry W. Jenkins' Sons Co.

ADDRESS Orchard & Elbe Catonsville Md

M. D. B. 1268-A

E 98076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98076

CERTIFICATE OF DEATH

1121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 N. Pulaski St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? 28 yrs. mos. da.

2. FULL NAME Lena Appel

(a) Residence: No. 1538 N. Pulaski St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Besser

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT William Appel

(Address)

18. BURIAL, CREMATION, OR REMOVAL Baltimore Washington Ref. Date 2/6/34, 19

19. UNDERTAKER Jos. Louis Sons

(Address) 1434 E. Baltimore St

20. FILED ....., 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-34, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1933, to Feb 5, 1934

I last saw her alive on Feb 6th, 1934. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Other contributory causes of importance:	
Bronchitis	about

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. D. Friedman, M. D.

(Address) 1123 St. Paul St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

E 98077

E 98077

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Wilkens Ave. St., 19-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie E. Heard

(a) Residence: No. Ridge Road, Stemmers Run St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles H. Heard

6. DATE OF BIRTH (month, day, year) Aug. 14, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Gustav Dogge

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Walter G. Heard
(Address) 214 N. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Feb. 7, 1934

19. UNDERTAKER Funk Lansdowne & Son
(Address) 7401 Belair Road.

FEB 6 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7 45 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Lesion of Heart (Mitral Stenosis	about 2 yrs

Other contributory causes of importance:

Name of operation Inquiry Date of ... Feb 4-34

What test confirmed diagnosis? .. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph L. Valentine T O M. D.
Coroner

(Address) 1650 Broadway

M. D. B. [illegible] E 98078

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98078

CERTIFICATE OF DEATH

√ 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 S. Rose St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret E. Morr.

(a) Residence: No. 604 S. Rose St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Morr.

6. DATE OF BIRTH (month, day, year) Aug. 1st 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Wassner

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Louisa Braun

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Michael Morr Husband

(Address) 604 S. Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 7th 1934

19. UNDERTAKER Lilly & Zuley Inc.

(Address) 413 S. Howard St

20. FILED FEB 7 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 28 1933 to Feb 4 1934

I last saw h[illegible] alive on Feb. 2 1934 Death is said to have occurred on the date stated above, at 12 [illegible] a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & X-ray Was autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George E. Tilp M. D.

(Address) 432 S. Patterson Park Ave.

E 98079

M. D. B. [illegible]

E 98079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 76-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Master James Cinnamond

(a) Residence: No. 341 S. E. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/14/33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	53	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Cinnamon

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Katherine Kline

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Katherine Cinnamon
(Address) 343 E Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place Ark Lawn Date 1/16, 1934

19. UNDERTAKER Lillie Zeiler Sr.
(Address) 830 S. Wolfe St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/20, 1934, to 2/5, 1934

I last saw him alive on 2/5, 1934. Death is said to have occurred on the date stated above, at 9^00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Stenosis	
Post Operative Shock.	
Other contributory causes of importance:	
Malnutrition	

Name of operation Ramstead Date of 1/20/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alpha K. Counselman M. D.

(Address) Bon Secours Hosp.

INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. E 98080 .E 98080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 S. Chapel St. St., 2-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia Zinkand.

(a) Residence: No. 405. S. Chapel St. St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Henry Zinkand

6. DATE OF BIRTH (month, day, year) July 1858.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife. 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Sanders

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Seifert

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Anna Zinkand (daughter)
(Address) 405. S. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb, 8, ... 19 3

19. UNDERTAKER Lilly & Julian Bros.
(Address) 408 N. Wolfe St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1928 to Feb 3 1934

I last saw h[illegible] alive on Jan 15 1934 Death is said to have occurred on the date stated above, at 8:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Heart disease	1928
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify ...

(Signed) Geo. Heller M. D.

(Address) 1937 Gough St.

M. D. B 1268-9

98081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98081

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St. 14-a Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Smith

(a) Residence: No. 526 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Smith
6. DATE OF BIRTH (month, day, year) 1889
7. AGE Years 44 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary Co Md

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) St Mary Co

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) St Mary Co.

17. INFORMANT Frances Smith
(Address) 920 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Feb 7 1934

19. UNDERTAKER Thomas E. Kelly
(Address) 1303 Freeman St.

FILED 19..... Registrar.

FEB 7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.
Coroner
(Address) .....

M. D. B. 1268-9

E 98082 HEALTH DEPARTMENT—CITY OF BALTIMORE E 98082

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 16-A1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Allen White

(a) Residence: No. 1002 N. Stricker st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella White

6. DATE OF BIRTH (month, day, year) Sept. 26, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	53	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 940

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George White

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Irene ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date Feb 6 1934

19. UNDERTAKER Thomas E. Kelson

(Address) 1323 Pressman st.

20. FILED ..... 19..... Registrar

FEB 6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1933 to February 3, 1934

I last saw h. in alive on February 3, 1934 Death is said to have occurred on the date stated above, at 6.45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 98083

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98083

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Mascetti

(a) Residence: No. 513 S. Albermarle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 5/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Hector Mascetti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Puggi

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary Mascetti
(Address) 513 S. Albemarle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 6, 1934

19. UNDERTAKER Wendell J Dippel
(Address) 300 S Eden St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 [illegible]

Other contributory causes of importance: None

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [signature] M. D.
Coroner

(Address) [illegible]

M. D. B. 1268-9

E 98084

27997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98084

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Victoria De Palmer

(a) Residence: No. 413 S Central ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis

6. DATE OF BIRTH (month, day, year): 8-20-1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md

FATHER

13. NAME: John Delota

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Annie albina

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 8, 1934

19. UNDERTAKER: Wendell J Dippel
(Address) 300 S Eden st

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1933 to Feb 4, 1934

I last saw her alive on Feb 4, 1934 Death is said to have occurred on the date stated above, at 10 40 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1932
Cardiac hypertrophy dilatation	
Mitral stenosis insufficiency	
Pulmonary infarction, bilateral	1933
Other contributory causes of importance:	
Myocardial insufficiency	1933
Paroxysmal auricular tachycardia	1932

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Josef J. Bergmeyer M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1263-3

E 98085

98085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Goldstone

(a) Residence: No. 2607 Rosewood ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Goldstone

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rebecca Goldstone
(Address) 2607 Rosewood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Herring Run Date Feb 6 1934

19. UNDERTAKER Sol Levinson & Bro
(Address) 1727 E Balto st

20. FILED ... 19... Registrar.

FEB 6 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1934, to February 5, 1934

I last saw him alive on January 5, 1934. Death is said to have occurred on the date stated above, at 8 45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	?
Arteriosclerosis	?
Diabetic gangrene	1-11-34
Cerebral arteriosclerosis	?

Other contributory cause of importance:

Chronic nephritis	?
Chronic myocarditis	?
Congestive Failure (Terminal)	2-5-34

Name of operation Mid thigh amputation left Date of 1-29-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Mark Hella M. D.

(Address) Sinai Hospital

M. D. B. 1268-B

E 98086

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98086

-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH — CITY OF BALTIMORE: (No.) Mercy Maternity Hospital St., 13-21 Ward)

Registered No. 212

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Jane Brown

(a) Residence: No. 403 Mulberry Pkwy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apl 20 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denver Colo

FATHER

13. NAME John W. Brown

14. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER

15. MAIDEN NAME Veronica Gilmour

16. BIRTHPLACE (city or town) (State or country) Colorado

17. INFORMANT John W. Brown Father
(Address) 403 Mulberry Pkwy

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date Feb 6 34

19. UNDERTAKER Wm H. McCue & Sons
(Address) North Ave

20. FILED FEB 6 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance are as follows:

	Date of onset
Internal Hemmorage & ruptured spleen	

Other contributory causes of importance:

Name of operation 1-4-34 Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb 4 - 1934

Where did injury occur? Round Bay Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bath Cafe Public Place

Manner of injury Slap Boxing

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No. Specify

(Signed) John J. Morrissey M. D. Coroner

(Address) 2632 Robinwood Dr

AaCo. 5-31 250B

E 98087

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98087

92-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 W. Lanvale St. 16-01 Ward)

Length of residence in city or town where death occurred 33 yrs. ..... mos ..... ds. How long in U.S. if of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Leighton Sylvester Kyler

(a) Residence: No. 1015 W. Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Kyler

6. DATE OF BIRTH (month, day, year) Oct. 26, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. V. Kyler

14. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

MOTHER

15. MAIDEN NAME Nettie Morsell

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Lillian Kyler
(Address) 1015 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place Nat. Auburn Date 2/6/34

19. UNDERTAKER Mrs. Lee H. Rutland
(Address) Last Funeral Home Washington Blvd. Baltimore, Md.

20. FILED FEB 8 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933 to Feb. 3, 1934
I last saw him alive on Feb. 2, 1934 death is said to have occurred on the date stated above, at 12.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency Combined Valvular Defect.	1932
Other contributory causes of importance: Bacterial endocarditis	Jan 1934

Name of operation None Date of .....
What test confirmed diagnosis Clinical, Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Maceo Williams M. D.
(Address) 1030 Madison Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98088

E 98088

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19-N Poppleton St., 18th Ward)

Length of residence in city or town where death occurred 8 yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Lancaster Jackson

(a) Residence: No. #19-N. Poppleton St., 18th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Melverna Hamilton Jackson

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	—(?)	—(?)	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. construction
10. Date deceased last worked at this occupation (month and year) Sept-1925
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) King + Queens County Va.

FATHER
13. NAME James Jackson
14. BIRTHPLACE (city or town) (State or country) Alabama (?)

MOTHER
15. MAIDEN NAME Martha (?) Jackson
16. BIRTHPLACE (city or town) (State or country) Hanover County Va.

17. INFORMANT George Henry Jackson
(Address) 8409 Erving Avenue Elmwood Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date 2/7/34 19

19. UNDERTAKER Mrs. George H. Pollard
(Address) 163 Lombard St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-2-34, 19..., to 2-3-34, 19...
I last saw h... alive on 2-3-34, 19... Death is said to have occurred on the date stated above, at 10:50 p m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	2-1-34
Angeatine cardiac failure	2-3-34

Other contributory causes of importance:
senility

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) James M. Pair M. D.
(Address) 1865-W. Lexington St.

M. D. B. 1268-A

E 98089

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98089

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6706 Eversole St. 27-C Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Massae

(a) Residence: No. 6706 Eversole St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Massae

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
abt 73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co Md

FATHER

13. NAME Lynn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Kane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Joseph Massae

(Address) 6706 Eversole

18. BURIAL, CREMATION, OR REMOVAL

Place Rest Cathedral Date 2/7/34 19

19. UNDERTAKER The J. Fahey Co Inc

(Address) 1310 E. Eager St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from November, 1931 to Feb. 4, 1934

I last saw her alive on Feb. 3, 1934 Death is said to have occurred on the date stated above, at 855 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920(?)
(Ch.) Myocarditis	1925(?)
Coronary Thrombosis - Feb 4,	1934
Other contributory causes of importance:	
Diabetes	1925(?)

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd

M. D. B. E 98090

E 98090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital 131 Registered No.

CITY OF BALTIMORE: (No. 20-61 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Helmker Katherine Lena Helmker

(a) Residence: No. 2216 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Henry C. Helmker

6. DATE OF BIRTH (month, day, year): June 9, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: George Schmidt

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Caroline Breitenbach

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Henry C. Helmker
(Address): 2216 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL.
Place: Loudon Park Cem. Date: Feb. 7, 1934

19. UNDERTAKER: Wm. H. Cook
(Address): 1003 W. Baltimore St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1933 to 2-4, 1934

I last saw her alive on 2-4, 1934 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Samuel Rubin, M. D.

(Address) Franklin Sq. Hosp.

M. D. B 1268-9 **E 98091** ✓ **E 98091**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Frank Michoski (Frank Micholski)

(a) Residence: No. 1710 N. Calhoun St St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): ? 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: ? Micholski

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr. Frederick J. Singley
(Address) 215 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's Cem. Date Feb. 7 1934

19. UNDERTAKER: Joseph A. Cook
(Address) 1003 W. Baltimore St.

20. FILED ____ 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/2/34 . 19 to 2/4/34 . 19

I last saw him alive on 2/4/34 . 19 Death is said to have occurred on the date stated above, at 5 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
malnutrition	

Other contributory causes of importance:

arterio-sclerosis	
chronic bronchitis	
senility.	

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ . 19

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 2 If so, specify ✓

(Signed) R. D. Butterworth . M. D.

(Address) Mercy Hospital Balto. Md.

M. D. H. 1268-0

ME 98092

HEALTH DEPARTMENT—CITY OF BALTIMORE

98092

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital 10-01 (Ward)

Length of residence in city or town where death occurred 10 yrs. 11 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Sanders

(a) Residence: No. 1016 Valley St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb. 16, 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo. H. Sanders

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anna B. Remsfeldt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Father Geo. H. Sanders

(Address) 1016 Valley St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date Feb. 2, 1934

19. UNDERTAKER Ernest W. Coulbourn

(Address) 929 E. Fayette St.

20. FILED , 19 Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Injury & Autopsy, 19

I last saw him alive on , 19 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2/2, 1934

Where did injury occur? Chase & Valley Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Deceased was coasting upon

Nature of injury Struck an automobile

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny, Coroner, M. D.

(Address) 2200 E Madison St.

M. D. B. 1268-0

E 98093

98093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3906 Phila. Rd. St. 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen C. Ulbig

(a) Residence: No. 3906 Phila. Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30-1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	8	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Herman R. Ulbig

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Mary B. Baker

16. BIRTHPLACE (city or town) Balto. (State or country) Md

17. INFORMANT Mary B. Ulbig
(Address) 3906 Phila. Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Bath Cemetery Date Feb. 6-34 19

19. UNDERTAKER Mrs. F. Miller & Son
(Address) 2334 Jefferson St.

20. FILED 1934 [illegible] & Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Febry 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Febr. 1st 1934 to Febry 6 1934

I last saw him alive on Feb. 5 1934 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia and Whooping cough. (Cause)	

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Signs and Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Samuel Silverstein M. D.

(Address) 22 S. Broadway

M. D. B. 1268-9

(Sister Stanislaus Mary Ubysz.) ✓

98094 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 98094

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sister Stanislaus (Ubysz, Mary)

(a) Residence: No. Newark, N.J. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 2-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Vincent Ubysz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Alexandria Pabysrere

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Newark N J Date 2/6/34

19. UNDERTAKER Geo A Farley

(Address) Fulton & Fayette

20. FILED 2-6-1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931 to Feb. 5, 1934

I last saw her alive on Feb 5, 1934 Death is said to have occurred on the date stated above, at 4:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cedema - Carcinoma of Cervix and Uterus	2 yrs.
Other contributory causes of importance: Metastasis to pelvis Cystitis	8 mo.

Name of operation None Date of .....

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. A. Bonelli M. D.

(Address) 3326 Frederick Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

98095 F 98095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6823 Harford St. 24th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Arnold

(a) Residence: No. 6823 Harford Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Arnold

6. DATE OF BIRTH (month, day, year) Sept 5 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stemmer & Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Francis Arnold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Scholastica Graba

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Annie Arnold

(Address) 6823 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL Mount Cathedral Date Feb. 7, 1934

19. UNDERTAKER Leonard J. Rugh

(Address) 33 & Harford Rd

20. FILED Feb 7, 1934 Hunter & Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 1924 to Feb 3, 1934

I last saw him alive on Feb 3, 1934 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis and myocarditis	1920
Chronic nephritis, glomerular type	

Other contributory causes of importance:

General anasarca, terminal acute dilatation of heart

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. H. Hayward M. D.

(Address) 1109 N Calvert St.

M. D. B. 1268-0

98096 HEALTH DEPARTMENT—CITY OF BALTIMORE E 98096

CERTIFICATE OF DEATH X 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 957 Rosedale St. 16-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ann Ditto

(a) Residence: No. 957 Rosedale St St., Ward. Hancock Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: White | 5. SINGLE, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James H. Ditto

6. DATE OF BIRTH (month, day, year): Nov. 22. 1853

7. AGE: Years 80 | Months 2 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hancock Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Sarah Batty

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: C. A. Bloom

(Address): 957 Rosedale St

18. BURIAL, CREMATION, OR REMOVAL

Place Hancock Md Date Feb 7th 1934

19. UNDERTAKER: Wm Cook

(Address): 217 St Paul St

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933 to Feb 5 1934

I last saw h.. alive on Feb 5 1934 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2 yrs.
Cerebral hemorrhage	2 wks.

Other contributory causes of importance:

Cardiac Asthenia	1 day

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Mitchell M. D.

(Address) 4116 Northern Parkway

M. D. B. 1268-9

98097

E 98097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 W. Hamburg St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Konrade

(a) Residence: No. 1142 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Konrade

6. DATE OF BIRTH (month, day, year) Dec. 13, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Konrade

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Konrade
(Address) 1142 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb 7 1934

19. UNDERTAKER Jos. Mrs John W. Gruel & Son
(Address) 841 W. Fayette St.

20. FILED Feb 7 1934 Huntington Pittsburgh Pa
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1934 to Feb 5 1934

I last saw h.m alive on Feb 4 1934 Death is said to have occurred on the date stated above, at 6.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-28-34
Senile arteriosclerosis - Years known	

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Henry C. Hicks M. D.

(Address) 1202 W. Fayette St.

M. D. B. E 98098 ✓ E 98098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 691 W. Mulberry St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas Biddle

(a) Residence: No. 691 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Biddle

6. DATE OF BIRTH (month, day, year): Jan 20-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71		14/3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ot

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: George Biddle

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Josephine

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Emma Biddle
(Address): 628 N. Bloomfield

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: Feb 7, 1934

19. UNDERTAKER: Jno. H. Thanhauser
(Address): 638 N. Gilmor

20. FILED: FEB 7 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933 to Feb 4, 1934
I last saw him alive on Feb 4, 1934 Death is said to have occurred on the date stated above, at 8:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1934 Feb 1
Other contributory causes of importance:	
Hypertension	1933

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If [illegible]

(Signed) [signature] M. D.
(Address) 691 Mulberry

M. D. B. 1268-B E 98099 ✓ E 98099

281308

HEALTH DEPARTMENT—CITY OF BALTIMORE

59

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Addie Doleman

(a) Residence: No. 1131 N. Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-14-84

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Peter Gregory

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elisa Jackson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Feb 8 1934

19. UNDERTAKER Mrs R. A. Elliott
(Address) 1134 N Carrollton

20. FILED ..... 19 ..... Registrar.

FEB 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1934 to Feb 4 1934
I last saw her alive on Feb 4 1934 Death is said to have occurred on the date stated above, at 8 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Abscesses of Brain & Pneumococcus origin	Dec?
Pneumonia (Diagnosed last Dr.)	Dec 28
Other contributory causes of importance: Diabetes Mellitus	?
Cachexia	Dec 15

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Joel J Bergmeyer M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 98100

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98100

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6019 Belona Ave. St. 27-04 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Hopkins

(a) Residence: No. 6019 Belona Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles E. Hopkins

6. DATE OF BIRTH (month, day, year) Jan. 8, 1850,

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Matthews

14. BIRTHPLACE (city or town) (State or country) Maryland,

MOTHER

15. MAIDEN NAME Percila Stinchcomb

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Talbot E. McAfee

(Address) 6019 Belona Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Feb. 7, 1934,

19. UNDERTAKER Wm. C. Black

(Address) 927 N. Broadway.

Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1933, to Feb 5, 1934

I last saw h[er] alive on Feb. 5, 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemm	1933
Chr Myocarditis,	1928
& R/S Nephritis	1926

Other contributory causes of importance:

Acute Cardiac Dilitation	1934

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Bishop M. D.

(Address) 521 Shenandoah Ave

M. D. B. 12 E 98101 ✓ E 98101

HEALTH DEPARTMENT—CITY OF BALTIMORE

83

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N. Carey St. St. 18-01 Ward)

Length of residence in city or town where death occurred 61 yrs. 8 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry C. Irwin

(a) Residence: No. 113 N. Carey St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy A. Irwin (nee Barr)

6. DATE OF BIRTH (month, day, year) May 30, 1872.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert B. Irwin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Savilla Trine

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Lucy A. Irwin,
(Address) 113 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 7, 1934

19. UNDERTAKER Henry L. Lutzke
(Address) 4101 Edmondson Ave.

20. Filed ... 19... Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1934 to Feb 5th 1934

I last saw h[e] alive on Feb 4th 1934 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset ?

Mitral Regurgitation

Other contributory causes of importance:

Cyanosis — Date of onset ?

Name of operation None Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify ...

(Signed) Geo M. Gutstadt M. D.

(Address) 461 E 25th St

EB 7 1934

M. D. B. 12 E 98102 ✓ E 98102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S Madeira st. St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna G. Napora

(a) Residence: No. 520 S Madeira st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 2nd 1933.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ignacy Napora

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rozalia Zachowski

16. BIRTHPLACE (city or town) (State or country) poland.

17. INFORMANT Mrs Rozalia Napora
(Address) 520 S Madeira St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cem Date Feb 7 1934

19. UNDERTAKER Geo A Weber
(Address) 765 S Ann st

20. FILED Feb 7 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1934 to Feb 6 1934

I last saw her alive on Feb 6 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Empa)	Feb 4
Other contributory causes of importance:	
Acute Cardiac Dilatation	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, state .....

(Signed) William J Bayard M. D.

(Address) 520 S Madeira St

FEB 7 1934

M. D. P. 1268-0

E 98103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98103

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ---mos.---ds. How long in U. S. If of foreign birth? 40 yrs. ---mos.---ds.

2. FULL NAME Salvatore Piraino.

(a) Residence: No. 2132 E. North Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (XXXXXX) Antionette Piraino

6. DATE OF BIRTH (month, day, year) October 9, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	60	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Italy.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Charles Piraino.(son)
(Address) 2624 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 7, 1934

19. UNDERTAKER Richard F. Curley
(Address) 700 E. North Ave

20. FILED 2-7-1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 1934.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Germinal pneumonia.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

Otto M. Reinhardt, M. D.
(Signed) Coroner
2/5/34 (Address) 1017 E. Charles st.

M. D. F. 98104 E 98104

HEALTH DEPARTMENT—CITY OF BALTIMORE E 98104

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 18-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Jennie Caplan

(a) Residence: No. 1101 Hollins St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lareal

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Marie Caplan

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Bezar

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lareal Caplan

(Address) 1101 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Henry Knr Date 2-7-34

19. UNDERTAKER Jack Levy Inc

(Address) 1439 E Baltimore St

20. FILED ....., 19.... Registrar.

E-1034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.25 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Probably Pulmonary Infarcts — Date of onset .....

Other contributory causes of importance:

Chr. Myocarditis ???

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Green M. D.

(Address) 50 E Madison Ave Coroner

M. D. H. 1268-9 E 98105 ✓ E 98105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., W-01 Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Goudy

(a) Residence: No. 115 N. Greene st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 22, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 029

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME William Goudy

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Emilie A. Price

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 8th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Feb 7 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from November 7 1933 to Feb. 5 1934

I last saw him alive on Feb. 5 1934. Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1928

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 98106

E 98106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815-Harford Ave. St., 8-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 80 yrs. mos. ds.

2. FULL NAME Catherine Donhouser

(a) Residence: No. 1815-Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry A. Donhouser, Sr.

6. DATE OF BIRTH (month, day, year) 5/13/1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	8	22	xxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Henry A. Donhouser, Jr.
(Address) 1815-Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/7/34 . 19

19. UNDERTAKER Geo. J. Ruth Inc.
(Address) 26 Light St. Pyke

20. FILED FEB 7 1934 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5th . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31st . 1934 to Feb. 5th . 1934

I last saw h 4 alive on Feb. 4th . 1934 Death is said to have occurred on the date stated above, at 3a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	2 mos
Arteriosclerosis	4 yrs
Other contributory causes of importance:	
Acute Pulmonary Oedema	1 day

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. F. Ris M. D.

(Address) 24 S. Bway

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98107

98107

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 W Mulberry St. 4-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Wong

(a) Residence: No. 211 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Yellow	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6. DATE OF BIRTH (month, day, year) Feb 6 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Jimmy Wong
14. BIRTHPLACE (city or town) (State or country) China
15. MAIDEN NAME Lee Shee
16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Mrs Jimmy Wong
(Address) 211 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Feb 8. 1934

19. UNDERTAKER John F Dennis
(Address) 715 Light St

20. FILED FEB 7 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/6 . 1934 to 2/6 . 1934

I last saw h-e alive on 2/6/34 . 19 . Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset Hour 2 days

Other contributory causes of importance: ....

Name of operation Refused Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19 ....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ....

(Signed) Bernard J. Tenny, M. D.

(Address) 910 W. Lombard

AACo. 5-31 250 E 98108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98108

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital 46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 10-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Fooks

(a) Residence: No. 801 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Fooks

6. DATE OF BIRTH (month, day, year) Aug. 8. (?)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Samuel Fookes
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Esther Stein
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Emanuel Fookes
(Address) 801 Greenmount ave

18. BURIAL, CREMATION, OR REMOVAL
Date Feb 7 1934

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1934 to Feb. 6, 1934 last saw h[illegible] alive on Feb. 6, 1934 death is said to have occurred on the date stated above, at 9:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	1
" " of Liver	

Other contributory causes of importance:

Obstructive Jaundice	1-12-34

Name of operation Cholecystogastrostomy Date of 2-5-34

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify (P.S.H.)

(Signed) D. McC. Currie M. D.
(Address) South Balto. Gen. Hosp.

M. D. B. 1268-9

E 98109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98109

159

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Baby Girl Potter

(a) Residence: No. Sinai Hospital St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Feb. 6 1934

7. AGE	Years	Months	Days	If LESS than 1 day ...hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Milton Potter

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Viola Maxwell

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

17. INFORMANT Viola Potter

(Address) 730 Christ St.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cemetery Date Feb. 8, 1934

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St

20. FILED FEB 7 1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1934 to Feb. 6, 1934

I last saw her alive on Feb. 6, 1934 Death is said to have occurred on the date stated above, at 8 40/12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Robert Cohen, M. D.

(Address) Sinai Hospital

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 E 98110

REGISTERED NO.

E 98110

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 132 Dolphin ST. 11-01 WARD)

2-FULL NAME Laura Armstrong

(a) RESIDENCE NO. 132 Dolphin St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (or) WIFE of Samuel Armstrong

6 DATE OF BIRTH (month, day, and year) Feb 4 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	63	-	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home .37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Chas Curry Md

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Laura ? Md

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Samuel Armstrong (husband)
(Address) 132 Dolphin

15 Filed 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1933, to Feb 4, 1934,

that I last saw her alive on Feb 3, 1934,

and that death occurred, on the date stated above, at 2A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Generalized Carcinoma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R J Young, M. D.

2/5, 1934 (Address) 1424 E Monument St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL Feb 8th 1934

20 UNDERTAKER Mrs. Robert A. Elliott ADDRESS 1129 Gardenia

Spec.—8-16-29—L. F. S.—100 Bks.

Jacob Augustus

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98111

CERTIFICATE OF DEATH

E 98111

REGISTERED NO. 95-802

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 N Saratoga ST., 18-01 WARD)

2—FULL NAME Jacob Augustus

(a) RESIDENCE NO. 1133 N Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline Augustus

6 DATE OF BIRTH (month, day, and year): 1855

7 AGE: 78 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Retired at work Sailor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Edward Augustus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Julia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Caroline Augustus

(Address) 1133 Saratoga

15 Filed FEB 7 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 5 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934, to Feb 5, 1934, that I last saw h alive on Feb 4, 1934, and that death occurred, on the date stated above, at 8:20 A m.

The CAUSE OF DEATH* was as follows:

Organic Dis Heart

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cysteno Fibroma

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Norwood, M. D.

19 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Feb 8 19 34

20 UNDERTAKER: Mrs Kate R. Williams Schaalder

ADDRESS 822 N

Spec.—9-30—A. & Co.—250 Bks

98112 HEALTH DEPARTMENT—CITY OF BALTIMORE E 98112

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Harlem av ST. 16-01 WARD)

2-FULL NAME Ernest Lewis

(a) RESIDENCE NO. 904 Harlem av ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Robt Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Marion Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant Mrs Marion Lewis
(Address) 904 Harlem av

15 Filed ..... 19 ..... Registrar

BT-1024

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 4, 34

17

I HEREBY CERTIFY, That I attended deceased from Jan 26, 19 34, to Feb 4, 19 34

that I last saw him alive on Feb 3, 19 34

and that death occurred, on the date stated above, at 7 9 m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical

(Signed) Chas H. Johnson M. D.

5/ 19 34 (Address) 612 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Feb. 7, 1934
20 UNDERTAKER	ADDRESS
Mrs Katie R. Williams	5224 Belair Rd.

M. D. B. 1268-0

E 98113

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98113

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Hanover St. 22-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Esser

(a) Residence: No. 618 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Cor

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Esser

6. DATE OF BIRTH (month, day, year): —

7. AGE: Years: 70; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (city or town) (State or country): Md Baltimore

FATHER

13. NAME: Edward Esser

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Elizabeth [illegible]

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Florence Bennys
(Address) 618 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 2/8, 1934

19. UNDERTAKER: Walter B. Boyce
(Address) 1611 Hanover St.

20. FILED FEB 7 - 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1934 to Feb 4, 1934

I last saw her alive on Feb 4, 1934. Death is said to have occurred on the date stated above, at 2.55 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Frank E. Hamm M.D.

(Address) 677 Edmondson Ave

E 98114

M. D. B. 1268-0

E 98114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals 11-6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Roena Joyner

(a) Residence: No. 365 E Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Joyner (dead)

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Nathan Joyner

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friends

(Address) Balt City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Kingston N.C. Date 2/7 1934

19. UNDERTAKER Martin B. Finley

(Address) 324 W Hamburg St.

20. FILED FEB 7 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29 1934 to Feb 4 1934

that saw her alive on Feb 4 1934. Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency & Congestive failure	?

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Maxwell M. D.

(Address) Balt City Hosp

M. D. F 1268-9

E 98115

E 98115 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 179

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1612 Mc Culloh St., 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Natalie Wyatt
(a) Residence: No. 1612 McCulloch St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmal
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): Sept 8 - 1931
8. AGE: Years 2 | Months 4 | Days 26 | If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Baltimore
13. NAME: Wm N. Wyatt
14. BIRTHPLACE (city or town) (State or country): Baltimore
15. MAIDEN NAME: Rebecca Richardson
16. BIRTHPLACE (city or town) (State or country): Baltimore
17. INFORMANT: Wm Wyatt
(Address): 1612 Mc Culloh
18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: 2/7/34 19
19. UNDERTAKER: Mrs George A. Rollins
(Address): 1631 Druid Hill Ave
20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4th, 1934
22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Bichloride Mercury	Jan 23
Nephritis	
Other contributory causes of importance:	

Name of operation: Regulus Date of
What test confirmed diagnosis: there an autopsy?
23. If death was due to external causes (violence) fill in also the following: Accidental Jan 23 1934
Accident, suicide, or homicide? Where did injury occur? 1115 N. Carrollton
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury: Bichloride Mercury poison
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Leek Coroner, M. D.
(Address)

Spec.—1-30—M. & T.—250 Bks

98116 ✓ E 98116

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2320 Druid Hill Ave. ST., 13-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachael V. Gillings

(a) RESIDENCE No. 2320 Druid Hill Ave. ST., WARD

(Usual place of abode) over

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced (HUSBAND of) or) WIFE of: Wm. H. Gillings

6 DATE OF BIRTH (month, day, and year): 12-24-1852

7 AGE: Years 81 | Months Dec. | Days 24 | If LESS than 1 day, hrs. or min.

81 yrs - 1 mo

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Co.

PARENTS

10 NAME OF FATHER: Wesley Talbot

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Prexeda

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co.

14 Informant (Address): Florence E. Brown 2320 Druid Hill Ave.

15 Filed FEB 1 1934, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 6 - 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1928 to Feb 6 1934 that I last saw h[illegible] alive on Feb 3 1934 and that death occurred, on the date stated above, at 7.25 a.m.

The CAUSE OF DEATH* was as follows: Myocarditis, arterio-sclerosis etc.

about 2 yrs.

CONTRIBUTORY (Secondary): Cardiac failure etc

(duration) Several yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Emmett Doyle M. D.

(Address) 112 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Feb 7 1934

20 UNDERTAKER: Mrs. George A. Holland

ADDRESS: 16 W. Druid Hill

M. D. R. 1268-9

E 98417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 53117

CERTIFICATE OF DEATH

115-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 39 Culver St. 20-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis J McCormack

(a) Residence: No. 39 Culver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 23 1930

7. AGE: Years 3 | Months 3 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Dennis J McCormack

14. BIRTHPLACE (city or town) (State or country): N Y

MOTHER

15. MAIDEN NAME: Charlotte Bopp

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: D J McCormack

(Address): 39 Culver

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Cem Date: 2/9/34

19. UNDERTAKER: Page & Sterling

(Address): Fulton

20. FILED 2/9/34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 6, 1934

I HEREBY CERTIFY, That I attended deceased from January 3, 1934 to February 6, 1934

I last saw him alive on February 6, 1934 Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Follicular Tonsilitis	Jan 3.
abscess right axillary gland	Jan 14
abscess right submaxillary gland	Jan 31
Endocarditis Parulent	Jan 29
Staphylococcic Bacteriemia	Not Known

Other contributory causes of importance:

Bronchio Pneumonia Feb. 2.

Incised abscess of axillary gland Jan 17.

Name of operation: Submaxillary gland

What (clinical) confirmed diagnosis: Physical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris, M. D.

Feb 6 1934 (Address) 107 East west st

M. D. B. # E 98118

E 98118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 15-01 St. 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Hambrueck (Mamie)

(a) Residence: No. 1326 N Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, (Married) Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frederick Hambrueck

6. DATE OF BIRTH (month, day, year): 7-20-87

7. AGE: Years: 46 | Months: 6 | Days: 16 | If LESS than 1 day, hrs. or min.: 1 x

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife — 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Parkton Md.

FATHER

13. NAME: Chas. A. Wills

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Buchannan

16. BIRTHPLACE (city or town) (State or country): Balto, Md

17. INFORMANT: Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Park Wood Date: 2/8 19 34

19. UNDERTAKER: Frederick R. Lotz
(Address): 1200 W Lombard St.

20. FILED ... 19 ... Registrar.

B 7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-5-34 19

22. I HEREBY CERTIFY, That I attended deceased from 2-2-34 19 to 2-5-34 19

I last saw her alive on 2-5-34 19 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Carcinoma of Stomach	1933?

Other contributory causes of importance:

Metastasis to Lung
mediastinum

Name of operation: none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Richard Trance M. D.

(Address) Union Memorial Hosp.

AaCo. 5-31 E 98119

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98119

V 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH 514 N Cross St

CITY OF BALTIMORE: (No. 514 N Cross St. 21-C Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F. Hall

(a) Residence: No. 514 N Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Cordelia Hall

6. DATE OF BIRTH (month, day, year) Jan 12 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
55		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

FATHER

13. NAME Thomas Hall

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Jane Martin

16. BIRTHPLACE (city or town) (State or country) Rockville Md

17. INFORMANT Cordelia Hall
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 10, 1934

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934 to Feb 6, 1934

I last saw him alive on Feb 6, 1934 death is said to have occurred on the date stated above, at 1225 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Dot Rheum

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H G Tompkins M. D.

(Address) 501 N Hamburg St

M. D. B. 12 E 98120

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98120

CERTIFICATE OF DEATH

X V 82-001

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman Ehrlich

(a) Residence: No. 2835 Fleetwood Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie L. Ehrlich

6. DATE OF BIRTH (month, day, year) Jan 22 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano Polisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Ehrlich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mathoon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Minnie Ehrlich

(Address) 521-32nd St Newport News Va

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Matthews Date Feb 9 1934

19. UNDERTAKER Philip Berwig Sons

(Address) 2616 Eastern Ave Baltimore Md

20. FILED Feb 10 1934 [illegible] Registrar.

7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1934 to Feb 5 1934

I last saw him alive on Feb 5 1934 Death is said to have occurred on the date stated above, at 7.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac hypertrophy + dilatation	
Cardiac insufficiency	
Cerebral hemorrhage - right	
Left hemiplegia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry B. Makover M. D.

(Address) Sinai Hospital

M. D. B. 12

E 98121

E 98121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3019 Glenmore St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alma Ida Wiedemann

(a) Residence: No. 3019 Glenmore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anton Wiedemann

6. DATE OF BIRTH (month, day, year): March 17-1873

7. AGE: Years 60 | Months 10 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: [illegible]

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Freda W Ober

(Address) 3019 Glenmore Av

18. BURIAL, CREMATION, OR REMOVAL

Interment Date 2-7 . 1934

19. UNDERTAKER Leonard J Brack

(Address) 5305 Harford Rd

20. FILED 1934 [illegible] Registrar.

BT-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-4 . 1934

22. I HEREBY CERTIFY, That I attended deceased from January 15 . 1934 to February 4 . 1934

I last saw him alive on February 2 . 1934 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Right Hemiplegia (Cerebral Hemorrhage) — Date of onset: January 15 1934

Other contributory causes of importance:

Arterio-Sclerosis — about 6 years

Name of operation: none Date of: —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Morris B. Gregg M. D.

(Address) 5543 Harford Rd Balto Md

M. D. B. 1268-9

E 98122

98122

HEALTH DEPARTMENT—CITY OF BALTIMORE

281729

CERTIFICATE OF DEATH

XV 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grace Potter

(a) Residence: No. 333 E. 43rd St. St., Ward. New York City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/12/1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Social Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME William Potter.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Emma Emerick

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rockville Md. Date Feb 7 1934

19. UNDERTAKER Wm Reuben Humphreys

(Address) Rockville Md

Thurlington Thomas, Jr.

20. FILED FEB 8 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1934 to Feb. 6th, 1934

I last saw her alive on Feb. 6, 1934 Death is said to have occurred on the date stated above, at 11 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	
ulcer dating from	
1932	

Other contributory causes of importance:

Name of operation Right Cranial Biopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D.

(Address)

M. D. B. 1268 E 98123 E 98123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave, St., 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Sophie Gelber

(a) Residence: No. 1809 Forest Park ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Gelber

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Balto. Md.
(State or country)

FATHER

13. NAME Eugene Muth

14. BIRTHPLACE (City or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Mary Bely

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Francis Waffle
(Address) 1809 Forest Park ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2/7, 1934

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W Lombard St

20. FILED 2-7-1934 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1934

I HEREBY CERTIFY, That I attended deceased from Jan 13 1934, to Feb 5 1934

I last saw h[illegible] alive on Feb 5 1934 Death is said to have occurred on the date stated above, at 9 55 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	1/16
Bilobar Pneumonia.	
Cardiac Decompensation	2/1

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify) .....

(Signed) Carl G Neisel M. D.

(Address) St Agnes Hosp.

M. D. B 1268-9

98124 E 98124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 181

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. --- mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Thompson. (C)

(a) Residence: No. 1211 Linden Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---; -----

7. DATE OF BIRTH (month, day, year) Do not know.

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	---	---	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mrs. K. I. Hobbs.
(Address) 1211 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Date 2/8 1934

19. UNDERTAKER Samuel T. Kemp[illegible]
(Address) 578 N. Eutaw St.

20. FILED [illegible] Registrar.

2-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

1st & 2nd degree burns of the face, neck, scalp, chest, back and legs. Pouring kerosene into stove. Occidental death.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/4/34 19...

Where did injury occur? 1211 Linden Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Pouring kerosene into stove.

Nature of injury 1st & 2nd degree burns.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto K. Steinhardt, M. D. Coroner

2/6/34 (Address) 1017 N. Charles St.

M. D. B. 1268-9

E 98125

98125 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 W. Fayette St. 18-01 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma G. Wagner

(a) Residence: No. 817 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles E. Wagner

6. DATE OF BIRTH (month, day, year) May 25. 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Harry Wardell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charles E. Wagner
(Address) 817 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb. 8 1934

19. UNDERTAKER Jno. Nus. John H. Greifel & Son
(Address) 501 W. Fayette St.

20. FILED 7-1934 15 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to Feb 6 1934

I last saw her alive on Feb 5 1934 Death is said to have occurred on the date stated above, at 12.15a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Pulmonary Edema	2 Hrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Glassman, M. D.

(Address) 753 W. Fayette St

M. D. B. 1263-9

98126 E 98126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100-Hamilton Ave. St., 27-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine E. Wentz

(a) Residence: No. 3100-Hamilton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry H. Wentz

6. DATE OF BIRTH (month, day, year) 8/27/1875

7. AGE Years	Months	Days	If LESS than 1 day yrs mos hrs or min.
58	5	10 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Christopher Leyhe

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma (Unknown)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John F. Wentz

(Address) 3100-Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 2/9/34 19

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] Registrar.

2-7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3 19 34 to Feb 3 19 34

I last saw her alive on Feb 5 19 34 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Bronchial Pneumonia (Coalescent Type)

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1123 St Paul St

M. D. B. 1268-0

98127 E 98127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Inglewood Ave. St. 27-C1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. if of foreign birth? 44 yrs. mos. ds.

2. FULL NAME Elizabeth Buchwald.

(a) Residence: No. 2820 Inglewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Philip C. Buchwald.

6. DATE OF BIRTH (month, day, year) December 14. 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	18 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Lechner.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward F Buchwald

(Address) 2820 Inglewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date FEB 9 1934

19. UNDERTAKER Geo N Tittle

(Address) 2700 Edmondson Ave

20. FEB 9 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15 1933 to Feby. 6 1934

I last saw h alive on Feb. 6 1934 Death is said to have occurred on the date stated above, at 4½ P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	8 Mos.

Other contributory causes of importance:

Generalized Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. S. Mayer M. D.

(Address) 816 Cathedral St

H. D. B 1268-9

E 98128

98128 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Kroll

(a) Residence: No. 1204 N. Ellwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 19/1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Peter Kroll

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Agnes Janka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Agnes Janka Kroll

(Address) 1204 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 8, 1934

19. UNDERTAKER J. W. Bazewicz

(Address) 930 Fayette Ave.

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2/35 A. M.

The principal cause of death and related causes of importance were as follows:

Probably Cerebral Accident (Hemorrhage)

Date of onset

Other contributory causes of importance:

History of Nephritis & hypertension (Hopkins Records May 1933)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Falcon Coroner, M. D.

(Address) 508 E. Monument Ave

M. D. P. 1268-9

E 98129

98129 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 122-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2409 E Madison St. (Ward) 13-A

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Jarostav Ruzicka

(a) Residence: No. 2409 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose Ruzicka

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Jos Ruzicka

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Zimmerer

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT William Rzepecka

(Address) 2409 E Madison

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 9, 1934

19. UNDERTAKER Funk & Jackson

(Address) 1906 Eden

20. FILED Feb 9, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1934 to Feb 6, 1934

I last saw him alive on Feb 6, 1934 Death is said to have occurred on the date stated above, at 11 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	Feb 6, 34
Cardiac Dilatation with hypertrophy	

Other contributory causes of importance:

Hyper tension
Obesity
Inguinal hernia - left

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis T. Klemer, M. D.

(Address) 2623 E. Monument St.

M. D. B. 1268-9

98130 E 98130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3363 Brehaver St. 43-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred City yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Clara E. Ruby

(a) Residence: No. 3363 Brehaver St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 6 1932

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
1	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edgar P. Ruby

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth M. Schmaudel

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT Elizabeth M. Ruby

(Address) 3363 Brehaver

18. BURIAL, CREMATION, OR REMOVAL

Place Taylstown Md Date Feb. 8 1934

19. UNDERTAKER Walter Keyser

(Address) 3414 Eastern Ave

20. FILED ____ 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1934 to Feb 7 1934

I last saw her alive on Feb 7 1934 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Whooping Cough	

Name of operation ____ Date of ____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any ~~way related to~~ occupation of deceased? No. If so, specify ____

(Signed) W. L. Frantum M. D.

(Address) 1123 N. Paca St

M. D. B. 1268-9

E 98131

HEALTH DEPARTMENT—CITY OF BALTIMORE

98131

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 350 Forest Park Ave St. 45 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Wurzburger

(a) Residence: No. 350 Forest Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Wurzburger

6. DATE OF BIRTH (month, day, year) June 9 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Abraham Berwanger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jeanette Kaufman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sol Berwanger

(Address) 350 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL Cemetery

Place Sinai Jewish Cemetery Date 2/9/ 1934

19. UNDERTAKER J. Ames & Co.

(Address) 2432 Reisterstown Rd

20. FILED 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/5 1932 to 2/7 1934

that I saw h[illegible] alive on 2/7 1934 Death is said to have occurred on the date stated above, at 12 Yr A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/24/34

Other contributory causes of importance:

Hypertension	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Hinton M. D.

(Address) 20 E. Eutaw St

M. D. B. 1248-0

E 98132 ✓ E 98132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. J - Ward 8)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Marie Gesell

(a) Residence: No. 5717 Harford Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 9, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc West. Md. Dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME August Gesell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Marie Zaner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Feb 10 19 34

19. UNDERTAKER J. F. Kane
(Address) Westminster, Md.

20. FILED FEB 7 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1934 to Feb 7, 1934

I last saw her alive on Feb 7, 1934. Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	3 mos?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. F. Burns M. D.

(Address) Emerg. Hospital

M. D. B 12 E 98133 ✓ E 98133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 16-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

Unknown

2. FULL NAME Oscar R. Ising

(a) Residence: No. 820 N. Payson St., ..Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Ising

DATE OF BIRTH (month, day, year) Feby 24-1868

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	65	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. GO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Fredrick Md

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT John L. Hausler

(Address) 2131 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Fredrick Md Date 2/7/37 19..

19. UNDERTAKER Harry H. Whitlock

(Address) 7101 Edmondson Ave

20. FILED ..... Registrar

E. Helmick for Frederick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 7 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 7-37

Other contributory causes of importance:

Name of operation Inguinal Date Feby 7-37

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 1650 Brookline

Spec—12-23-21—E.B.R.S.—400 Blks. Charles Monroe Giles

98134

HEALTH DEPARTMENT—CITY OF BALTIMORE E 98134

CERTIFICATE OF DEATH.

9

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 3315 Elmley St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Monroe Giles

(a) Residence No. 3315 Elmley St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

X

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6-DATE OF BIRTH (month, day and year): July 18-1933

7-AGE: yrs. 6 mos. 20 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country): Balto Md.

PARENTS

10-NAME OF FATHER: Frederick Giles

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Athens Ga.

12-MAIDEN NAME OF MOTHER: Barbara Fastich

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md

14- (Informant) Barbara Giles

(Address) 3315 Elmley Ave

15- Received FEB 8 - 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 2-7-1934

17- I HEREBY CERTIFY, That I attended deceased from June 4 to 34 to Feb 7, 1934

that I last saw h. alive on Feb 7 to 34

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

Chicken Pox.

(Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Alice Hatcher M. D.

19 (Address) 4116 Northern Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. DATE OF BURIAL, Feb 8 1934

20-UNDERTAKER: J. J. Waterston ADDRESS

M. D. B. 1938-4 E 98135 ✓ E 98135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2616 Fait ave St., 401 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Dembek

(a) Residence: No. 2616 Fait Ave St., Ward.
(Usual place of abode) Baltimore (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 21-1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Joseph Dembek

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Elsie Seglinska

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT John Seglinski
(Address) 2620 Hudson St

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cem. Date Feb 8 1934

19. UNDERTAKER John J. Ulrych
(Address) 2614 Hudson St

20. FILED 8 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-34

22. I HEREBY CERTIFY, That I attended deceased from 2-5- 1934 to 2-6-34 1934
I last saw her alive on 2-6 1934 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1½ days.

Other contributory causes of importance:

Name of operation A. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred Ruzycka M. D.

(Address) 2609 Hudson St

M. D. Form 668 E 98136

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98136

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Light St. 24-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah E. Stoemer

(a) Residence: No. 1315 Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Stoemer

6. DATE OF BIRTH (month, day, year) 12/15/73

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lee A. Roberts

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Nancy Yarger

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Lee A. Roberts
(Address) 1321 Charles

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date 2/8 1934

19. UNDERTAKER J. Frank Gordon
(Address) 1318 Light St

20. FILED FEB 6 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1933 to Feb 5 1934

I last saw her alive on Feb 5 1934. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Coma	2-3-34
Other contributory causes of importance:	
Arteriosclerosis	1933
Diabetes Mellitus & hypertension	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Hunt Dunn M. D.

(Address) 1 E. Mt. Vernon Pl.

M. D. B 1268-9 E 98137 ✓ E 98137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 578 S. Caroline St., 3-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernestine B. Du-bois
(a) Residence: No. 578 S. Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced [redacted] William Du-bois
6. DATE OF BIRTH (month, day, year) May 6-1908
7. AGE 25 Years 24 Months 9 Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 037
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME William Greenwood
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Sophia Ruppert
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William Du. Bois
(Address) 578 S. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 2/9 19 34

19. UNDERTAKER William Fiaschetti
(Address) 1618 Eastern Ave

20. FILED FEB 9 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6 19 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 34 to Feb 5 19 34
I last saw her alive on 2-5 19 34 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Type?)	1 wk
Other contributory causes of importance: Nutritional disturbance	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Wilson B. Cust M. D.
(Address) 9 W. Chesapeake Ave

M. D. B 12-[illegible]

E 98138 ✓ E 98138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 N. Rose St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albertina Stromberger

(a) Residence: No. 1900 N. Rose St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced ~~Husband~~ of (or) WIFE of Robert L. Stromberger

6. DATE OF BIRTH (month, day, year) April 22nd 187[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework, At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Leonard Emerich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr. Arthur L. Stromberger

(Address) 1900 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Feb 9, 1934

19. UNDERTAKER Henry Theis Sons, Inc.

(Address) 1301 E. Eager St.

20. FILED [illegible] Registrar.

8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1934 to Feb 6, 1934

I last saw h[illegible] alive on Feb 5 1934 Death is said to have occurred on the date stated above, at 4:[illegible] [illegible]m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac exhaustion	1 da

Other contributory causes of importance:

Pulmonary tuberculosis	6 mo

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John W. Sanderson M. D.

(Address) 1714 N. Caroline St.

M. D. B. 1968-9 E 98139 ✓ E 98139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No. .....

If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1341 Gorsuch Ave St., 9th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estella Bailey

(a) Residence: No. 1341 Gorsuch Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William H. Bailey

6. DATE OF BIRTH (month, day, year) Dec. 8 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John A. Watts

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Jeannie Prentiss

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT William H. Bailey

(Address) 1341 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem Date Feb 8 1934

19. UNDERTAKER Leonard D. Roth

(Address) 3205 Hartford Rd

20. FILED Feb 8 1934 Wm. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/30 19..... to 2/5 19.....

I last saw her alive on 2/5 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Influenza & Lobar Pneumonia — Date of onset .....

Other contributory causes of importance:

Pneumonia

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, [illegible]

(Signed) [illegible] M. D.

(Address) 683 Courtland St.

M. D. B. 1268-0 E 98140 ✓ E 98140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 S. Belnord Ave. St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Nelson

(a) Residence: No. 1004 S. Belnord Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James W. Nelson

6. DATE OF BIRTH (month, day, year): March 5, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Frederick Friedel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mrs. Joseph Graft
(Address): 636 S. Kenwood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Carmel Date: Feb. 9, 1934

19. UNDERTAKER: HENRY SANDER & SON, INC.
(Address): BROADWAY & BALTIMORE ST.

20. FILED: FEB - 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1934, to February 6, 1934.

I last saw h[illegible] alive on February 6, 1934. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	[illegible]
Other contributory causes of importance: Hypostatic Pneumonia	2/1/34

Name of operation: None Date of: None

What test confirmed diagnosis? Hyp. ; Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury: None, 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: None

Manner of injury: None

Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify: None

(Signed) Joseph A. Rosenthal, M. D.

(Address) 3018 O'Donnell St. Baltimore Md

M. D. B 1268-9 **E 98141** ✓ **E 98141**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 N. Lakewood Ave. St., 7-01 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ALEXANDER W. NELSON

(a) Residence: No. 532 N. Lakewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ina Belle Nelson

6. DATE OF BIRTH (month, day, year): June 2, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Conductor Penna R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 19 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Theophilus Nelson

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Luck Button (Daughter)
(Address) 532 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cem. Date Feb. 10. 1934

19. UNDERTAKER: HENRY SANDER & SONS, Inc. Per J. Sander
(Address) Baltimore & Broadway.

20. FILED FEB 10 1934, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 7. 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1933 to Feb. 7, 1934

I last saw him alive on Feb. 7, 1934 Death is said to have occurred on the date stated above, at 9:54 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 mos

Other contributory causes of importance:

Generalized Carcinomatosis	2 mos

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Wade J. Dennis M. D.

(Address) 2002 E. Baltimore

M. D. B. No. E 98142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98142

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1141 Hunter St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 8 mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dolores Nichols

(a) Residence: No. 1141 Hunter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1/1/24

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	X	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. City (State or country)

FATHER

13. NAME Percy Nichols

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Ida Showers

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Ida Nichols (Address) 1141 N. Hunter St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Feb 8 1924

19. UNDERTAKER Geo. E. Holland (Address) 65 [illegible]

20. FILED [illegible] 1924 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7/24

22. I HEREBY CERTIFY, That I attended deceased from 1/28/24 to 2/7/24

I last saw h[illegible] alive on 2/5/24 19 . Death is said to have occurred on the date stated above, at 1:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchopneumonia	1 Wk

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Elliott M. D.

(Address) 724 W. Lanvale St.

E 98143

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98143

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Sidney Friedman

(a) Residence: No. 3911 Towanda Ave St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 12/1933

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Friedman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Bessie Hemler

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Henry Friedman

(Address) 3911 Towanda Ave

BURIAL, CREMATION, OR REMOVAL

Place Lebanon Memorial Park Date Feb 8, 1934

UNDERTAKER Sol Levinson - Bro

(Address) 1127 E Baltimore st.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. H. Bacon, M. D. Coroner

(Address) 1006 Mt Vernon

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

98144 E 38144

CERTIFICATE OF DEATH

95-002 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 E. Lombard St. St., 4-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LOUISE SENDELBACH.

(a) Residence: No. 615 E. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22nd. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	61	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Sendelbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Sendelbach
(Address) 615 E: Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery, Date Feb. 9th, 34

19. UNDERTAKER Chas. F. Grace & Son
(Address) 118 W. Mt. Royal Ave.

FEB 8 - 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6th. 19 34

22. I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1934 to Feb 6 1934.

I last saw h[illegible] alive on Feb. 6 1934. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Feb 2nd
Other contributory causes of importance: Cardiac Hypertrophy	Unknown
Vascular degeneration	4 yrs

Name of operation None Date of —

What test confirmed diagnosis? Clinical Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) G. F. Ries M. D.

(Address) 24 S. Bway

B. D. B. 1268-9

98145

HEALTH DEPARTMENT—CITY OF BALTIMORE

98145

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 22-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John Baltramonaitis

(a) Residence: No. 427 N Pratt St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Police Dept
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/9/34 1934

19. UNDERTAKER Chas K Kushakevicz
(Address) 632 S. Paca St

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance: Malnutrition	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. P. Henry MD M. D.
Coroner

(Address) 606 N Fulton Ave

M. D. H. 1268

Walker ✓ E 98146

E 98146

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forest St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lt. Nathan Walker

(a) Residence: No. 954 Forest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Co. Pa.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Franklin Miller

(Address) Washington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Meadows Pk Date Feb. 8th, 1934

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible], 19.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1933 to Feb 7th, 1934

I last saw h.. alive on Feb. 7th, 1934. Death is said to have occurred on the date stated above, at 4.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
	5 Wks

Other contributory causes of importance:

Arteriosclerosis and Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John F. Aubrey, M. D.

(Address) 3012 Northway Drive

010

M. D. B. 1200

E 98147

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98147

CERTIFICATE OF DEATH

104-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 St., Sydenham Hospital Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Eder

(a) Residence: No. 5510 Laverndale Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 27 1

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist - Dr's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Drugs

10. Date deceased last worked at this occupation (month and year) 1/4/34 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George J. Eder

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anna Vogt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT George J. Eder
(Address) 5510 Laverndale Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 2/10 1934

19. UNDERTAKER Margaret E. Flynn
(Address) 1422 Eutaw St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1934 to Feb 7 1934

I last saw him alive on Feb 7 1934 Death is said to have occurred on the date stated above, at 5.08 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Ethmoid Sinusitis	?
Meningitis (pneumococcic)	Feb 5

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Kaufman M. D.

(Address) Sydenham Hospital

M. D. R. 1268-9

E 98148

98148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

×V 97

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Connelly

(a) Residence: No. St Denis, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If married, widowed, or divorced
HUSBAND of ~~XXXXXXXX~~ Katherine W. Connelly

DATE OF BIRTH (month, day, year) July 10th 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 4 Years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John T. Connelly

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary Louise Loney

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Miss Florie Connelly

(Address) St Denis, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 9th 1934

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 7 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at 3.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	Feb 1-34

Other contributory causes of importance:

Cardiac Sclerosis about 4 years

Name of operation [illegible] Date of Feb 7 1934

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 So Broadway

H. D. B 1268-9

AE 98149

HEALTH DEPARTMENT—CITY OF BALTIMORE

98149

CERTIFICATE OF DEATH

xv 213

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., [illegible] Ward)

Length of residence in city or town where death occurred ....yrs....mos. 2 ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Einar Mauns

(a) Residence: No. ..... Brooklyn N.Y. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 28			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Norway

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Norway

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Hosp. Records

(Address) Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 8, 1934

UNDERTAKER Wm. J. Tickner & Son

(Address) North & Paine.

FILED Feb 15 1934 Huntington, W. Va.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from — , 19..., to — , 19...

I last saw h... alive on ..... , 19..... Death is said to have occurred on the date stated above, at 2.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
accidental fall on ship	

Other contributory causes of importance:

Name of operation ..... Date of —

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 2/1, 1934

Where did injury occur? On Board Ship
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell down hatch

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify .....

(Signed) S. Bettmann M.D. (Coroner), M. D.

(Address) 1305 N. Fulton Ave

H. D. P. 1268-9

98150

HEALTH DEPARTMENT—CITY OF BALTIMORE

98150

CERTIFICATE OF DEATH

V 144-002

Registered No. .....

1. PLACE OF DEATH Ambulance bound for Franklin Square Hospital St., 18 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Wilkinson

(a) Residence: No. 855 McHenry Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Wilkinson

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	33			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 16

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Julius Staily

14. BIRTHPLACE (city or town) Switzerland
(State or country)

15. MAIDEN NAME Dora Palace

16. BIRTHPLACE (city or town) .....
(State or country) Germany

INFORMANT John Wilkinson
(Address) 855 McHenry Street.

BURIAL, CREMATION, OR REMOVAL
Place Druid Chap Date 2/8 1934

UNDERTAKER John G. Donnelly
(Address) Essex Ave

FILED 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Feb. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Hemorrhage	Jan. 29 1934.

Other contributory causes of importance:

(over)

Name of operation Inquiry Date of Feb. 5

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 South Broadway

M. D. B. 12 E 98151 E 98151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 48

Registered No.....

1. PLACE OF DEATH Hospital for Women 4 nd
CITY OF BALTIMORE: (No. ..... St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 7½ mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Eula Mae McDonald McMillan

(a) Residence: No. 114 21 Market St., ... Ward. Jacksonville Fla
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Archibald McMillan

6. DATE OF BIRTH (month, day, year) Oct 19, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fayetteville North Carolina

FATHER

13. NAME Daniel M. McDonald
14. BIRTHPLACE (city or town) (State or country) Cumberland Co North Carolina

MOTHER

15. MAIDEN NAME Elizabeth Anne Crom
16. BIRTHPLACE (city or town) (State or country) Pender Co N Carolina

17. INFORMANT U. J. Lee
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Jacksonville, Fla. Date Feb. 8, 1934

19. UNDERTAKER Joseph Hook
(Address) 1003 W. Baltimore St.

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to Feb 7, 1934
I last saw h.. alive on Feb 7, 1934 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of body of uterus	1932

Other contributory causes of importance:

Secondary anemia	1933
Cachexia	1933
Myocarditis, Chronic	1933

Name of operation Dilatation of cervix & curettage Date of Dec 9, '33

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Allen Dockett M. D.
(Address) Womens Hospital

M. D. B. 1268-A E 98152

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98152

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emenzio Panebianco (Enuzio Panebianco)

(a) Residence: No. 743 S Mc Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Caroline Panebianco

6. DATE OF BIRTH (month, day, year) Jan 17, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Balto City Hospt Records

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Feb. 10 1934

19. UNDERTAKER Lot Block
(Address) 1003 W. Baltimore St.

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-5 1932 to 2-8 1934

I last saw him alive on 2-1 1934 Death is said to have occurred on the date stated above, at 12 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid Colon	18 mos

Other contributory causes of Importance: None

Name of operation Colostomy Date of Nov 1932

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, how?

(Signed) H. C. Brown M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

E 98153

98153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 19-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 E. University Parkway St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 22 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Philip Sadtler Dickey

(a) Residence: No. 206 E. University Parkway St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna J. Bode

6. DATE OF BIRTH (month, day, year): Sept. 15, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Charles E. Dickey

14. BIRTHPLACE (city or town) (State or country): --------- Maryland

MOTHER

15. MAIDEN NAME: Elizabeth J. Sadtler

16. BIRTHPLACE (city or town) (State or country): --------- Maryland

17. INFORMANT: Mrs. Anna J. Dickey

(Address): 206 E. University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Cem. Date: Feb. 9, 1934

19. UNDERTAKER: Mowbray & Mears Inc.

(Address): 205 N. Calvert Street

20. FILED 1934, 19--, Registrar. MPW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 4, 1934 to Feby 6, 1934

I last saw h[illegible] alive on Feby 6, 1934. Death is said to have occurred on the date stated above, at 1130 p.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Acute Lobar pneumonia	Feby 3
Other contributory causes of importance: Pulmonary edema	Feb 6

Name of operation: None Date of: —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) J. Warren Bueller, M. D.

(Address) 806 Cathedral St

M. D. H. 1268-9

98154 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 98154

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 3501 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Peter Schultz

(a) Residence: No. 3422 Kenwick Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) 1-23-33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Schultz

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Margaret E. Pearce

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Father

(Address) 3422 Kenwick Road

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Feb 9, 1934

19. UNDERTAKER Thomas Ford

(Address) 3611 Eastern Ave

20. FILED Feb 9 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1934 to Feb. 7, 1934

I last saw him alive on Feb. 7, 1934. Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral bronchial pneumonia	2-3-34
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R France M. D.

(Address) Union Memorial Hospital

F. D. B. 1268-9

E 98155

98155 HEALTH DEPARTMENT—CITY OF BALTIMORE

X53

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Hofman

(a) Residence: No. Freeland, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June ? 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 640

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) York Co., Pa.

13. NAME John Hoffman

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) -

INFORMANT (Address) Paul Hartenstein (Fun Director) New Freedom, Pa.

BURIAL, CREMATION, OR REMOVAL

Mt Pleasant Cem Baltimore Md Date Feb 10 1934

UNDERTAKER Paul Hartenstein
(Address) New Freedom Pa

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.05 P. M.

The principal cause of death and related causes of importance were as follows:

Shock- Glioma left central lobe of cerebrum

Date of onset

Other contributory causes of importance:

Craniotomy

Name of operation Date of 2/7/34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos Bacon, M. D.
Coroner

(Address)

M. D. B. 1268-9

E 98156

98156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No. ____

CITY OF BALTIMORE: (No. ____ St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Harry Byrne

(a) Residence: No. 1528 N. Bond st. St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	56	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer's helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 063

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Byrne

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie McVinchey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 10 1934

19. UNDERTAKER Lynch Lofton
(Address) 1600 N. Harford Ave

20. FILED ____ 1934 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932 to Feb. 6, 1934

I last saw him alive on Feb. 6, 1934. Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1926

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Christopher C. Shaw, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 98157

98157 HEALTH DEPARTMENT—CITY OF BALTIMORE

281725

CERTIFICATE OF DEATH

15-01 82-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. ..... St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Edgerton

(a) Residence: No. 1653 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hanna.

6. DATE OF BIRTH (month, day, year) 11/21/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Oscar Edgerton

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Ella Hutchins

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 10. 1934

19. UNDERTAKER Josiah Lofton
(Address) 1600 N. Fulton Ave

FILED 2-10-1934 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-7 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb-5 1934 to Feb-7 1934

I last saw him alive on Feb-7 1934 Death is said to have occurred on the date stated above, at 4.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Feb 5
Other contributory causes of importance: Post-encephalitic Parkinsonism	1921

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R Carmichael Gilpman M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

98158

É 98158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 1000 Ward 7)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Peter Cattel

(a) Residence: No. 1000 Valley St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Johanna Hoffman

6. DATE OF BIRTH (month, day, year) August 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87 yrs	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Cattel

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary A. Hans

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Supr.
(Address) Little Sisters of the Poor - 1000 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 9 1934

19. UNDERTAKER Reid Brothers
(Address) 914 Greenmount Ave

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 February 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932, 1932 to Feb 6th 1934
I last saw h[e] alive on Feb 2 1934 Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance: Arterio sclerosis Chr myocarditis	

Name of operation ... Date of ...

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) E. M. Carter, M. D.

(Address) ... Baltimore

Spec.—12-1-33—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98159

98159

V 131

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1004 Brentwood Av. Ward) 10-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. A. Moylan

(a) RESIDENCE NO. 1004 Brentwood Av. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~: Mary C. Wright Moylan

6 DATE OF BIRTH (month, day, and year): May 12th 1873

7 AGE: Years 60; Months 5; Days 4 24; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman do

(b) General nature of industry, business, or establishment in which employed (or employer): Packing House

(c) Name of employer: Kingan & Co

9 BIRTHPLACE (city or town): Baltimore

(State or country)

10 NAME OF FATHER: James Moylan

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Anna Kelly

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

PARENTS

14 Informant: Mary C Moylan

(Address): 1004 Brentwood av

15 Filed ..... 19 .....

1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 6th 1934

17 I HEREBY CERTIFY, That I attended deceased from January 8th 1934, to Feb 6th, 1934, that I last saw h.. alive on Feb 6th, 1934, and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary): Interstitial Nephritis Chronic

(duration) ..... yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab

(Signed) F B Saunders, M. D.

Feb 7, 1934 (Address) 319 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: Feb 10. 1934

20 UNDERTAKER: Rita Wiedefeld — ADDRESS: 914 Gramm Pl

M. D. B. 1268-9

98160

Dr. Hawkins 9/2 N. Gilmor 27

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98160

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2/ N. Fremont St., W-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lola Grace Probst

(a) Residence: No. 2/ N. Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Otho Young

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Della Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Della Young

(Address) 2/ N Fremont St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2-9 1934

19. UNDERTAKER Robert Foster

(Address) 710 Lanvale

20. FILED ..... 19..... Registrar.

2-9-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7/34

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1933 to Feb 7 1934

I last saw her alive on Feb 4 1934 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T-B	11/1/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. B. Hawkins M. D.

(Address) 912 Gilmor St

H. D. B 1268-9

98161 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

E 98161

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 W. Biddle St.) (7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Holton

(a) Residence: No. 521 W Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	~~Married~~ Single

6. If married, widowed, or divorced
HUSBAND of ~~Caroline~~
(or) WIFE of

DATE OF BIRTH (month, day, year) 1894 Jun 16

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	7	21 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 5 x 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md
(State or country)

13. NAME OF FATHER Equen Holton

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME OF MOTHER Charlotte Herbert

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Carrie Nicholls

(Address) 521 W Biddle

BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 2-9 1934

UNDERTAKER Danl Tabb & Sons

(Address) 560 Pa Ave

FILED 2-9-1934, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) H. G. Luck M. D.

(Address) Coroner

A&Co. 5-11 2508

E 98162

98162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Baltimore St. Sinai Hospital Ward)

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joshua Cole Lansdowne, Md.

(a) Residence: No. 568 Hilltop Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ema M. Cole

7. DATE OF BIRTH (month, day, year) Jan 6, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	0	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wm E. Cole

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Lillian Watts

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ema M. Cole

(Address) 533 St Paul St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 2/9/34

19. UNDERTAKER F. D. Reynolds & Son

(Address) 1500 Eutaw Place

20. FILED ... 19 34 ... Registrar.

1334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6/34 19

22. I HEREBY CERTIFY, That I attended deceased from 2/3/34, 19 to 2/6/34, 19

I last saw him alive on 2/6/34 19 death is said to have occurred on the date stated above, at 6.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic insufficiency	?
Cardiac hypertrophy	?
Arteriosclerosis, generalized	?

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Michael J. Wisnieski M. D.

(Address) South Balto. Gen. Hosp.

M. D. B. 1268-9

98163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 98163

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2535 Emerson St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Margaret Ann White

(a) Residence: No. 2535 Emerson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James White

6. DATE OF BIRTH (month, day, year) Jan 2-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lancaster County (State or country) and

FATHER

13. NAME Edward Ruark

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Archie N. White

(Address) 2535 Emerson St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/9/34 19

19. UNDERTAKER J. B. Wagner's Son

(Address) 1310 Eutaw Place

20. FILED 2-9 1934 Hector Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7/34

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933 to Feb 6 1934

I last saw her alive on Feb 6 1934 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Cystitis Infection

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Grayson M. D.

(Address) 1210 E. Fayette

M. D. B. 1268-9

98164 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 98164

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5705 Winner Ave Ward) 27-01

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bohanon Bertel Hanbrod.

(a) Residence: No. 5705 Winner Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Dec 23-1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	1	4,14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Wm. B. Hanbrod.

14. BIRTHPLACE (city or town) (State or country) Ohio Pa.

15. MAIDEN NAME Emma K Schultz

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Wm B Hanbrod.
(Address) 5705 Winner Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn. Date Feb 9, 1934

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St.

20. FILED ..., 19... Registrar.
2-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1934, to Feb. 7, 1934.

I last saw h... alive on Feb. 6, 1934. Death is said to have occurred on the date stated above, at 8:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 Days
	2/4/34

Other contributory causes of importance:

Endocarditis.	2/6/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Paul L. DeBarbrin, M. D.

(Address) 4755 Park Heights Ave.

Spec.—1-12-33—M&T—500 Blks.

98165

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98165

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2938 St Paul ST. 12-01 WARD)

2-FULL NAME Sarah Plater

(a) RESIDENCE NO. 2938 St Paul ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of George R. Plater

6 DATE OF BIRTH (month, day, and year) May 16th 1854

7 AGE 79 Years 8 Months 29 Days 21 If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jeremiah McCarthy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Husband 2938 St Paul St

15 Filed - 1934 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 7th 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 30th 1934 to Feb 7th 1934, that I last saw h[illegible] alive on Feb 7th 1934, and that death occurred, on the date stated above, at 10.35 P m.

The CAUSE OF DEATH* was as follows: Bronchitis

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Valvular Lesion

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr William J Kessler M. D.

2/9, 1934 (Address) 1700 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL Feb 9th 1934

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N Balto St

M. D. B. 1264

E 98166

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98166

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Maryland General Hospital — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 13-01 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Miss Jane C. Devereaux

(a) Residence: No. 713 Mennington Ave St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ____

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 62	+	=		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Strayer's Business College

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation 06

12. BIRTHPLACE (city or town) (State or country) Snow Hill Md

MOTHER FATHER

13. NAME Thomas Devereaux

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr J L Hayes
(Address) Blue Ridge Summit Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem Date Feb 10, 1934

19. UNDERTAKER Wm J Tschop & Son
(Address) North & Pa

20. FILED ____, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-20-, 1934, to 2-8, 1934

I last saw h[illegible] alive on 2-8, 1934. Death is said to have occurred on the date stated above, at 8:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Psychosis	Years
Diabetes Mellitus	Years
Arteriosclerosis Hypertension	

Other contributory causes of importance:

Bronchio-pneumonia	2-6-34
Emphysema (Pulmonary)	2-6-34

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, [illegible]

(Signed) L L Hayes M. D.

(Address) Md Gen. Hospital

M. D. 22

E 98167

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98167

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2235 E. Biddle St. 8-01 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Langley

(a) Residence: No. 2235 E. Biddle St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. E. Langley

6. DATE OF BIRTH (month, day, year) Sept 27 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Leonard Schraudee

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Tegner

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Chas. E. Langley

(Address) 2235 E Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 9 1934

19. UNDERTAKER Philip Hennig & Sons

(Address) 200 Cathedral St.

20. FILED Feb 9 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1933 to Feb 6 1934.

I last saw h4 alive on Feb 5 1934. Death is said to have occurred on the date stated above, at 12-1/4 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	Dec 1/33
Myocarditis	Feb 3/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley Hoag M. D.

(Address) 29 Franklin Pl. Blvd.

M. D. B. 126 E 98168 ✓ E 98168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 Collins Ave St., 70-01 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida A. Davis

(a) Residence: No. 122 Collins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. A. Davis

6. DATE OF BIRTH (month, day, year) Aug 13 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Albert Losch

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Rose — —

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Chas A. Davis

(Address) 122 Collins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London, Pa. Date Feb 10, 1934

19. UNDERTAKER Philip Davis Sons

(Address) 2016 Eastern Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1933 to Feb. 6, 1934

I last saw h alive on Feb 6 1934 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Rheumatic	Feb 1933
Myocarditis Chronic	"
Other contributory causes of importance: Bronchio-Pneumonia Terminal	Feb 5 1934

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W. Johnson M. D.

(Address) 3432 Gadsden Ave

M. D. P. 1268-9

E 98169

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98169

CERTIFICATE OF DEATH

1244-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4209 Frankford Ave. St. 26-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? 60 yrs. mos. da.

2. FULL NAME Annie C. Robinson,

(a) Residence: No. 4209 Frankford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David J. Robinson, Sr.

6. DATE OF BIRTH (month, day, year) September 4. 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Fornahn,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT David J. Robinson, Sr.
(Address) 4209 Frankford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date FEB 10 1934

19. UNDERTAKER Geo W Settler
(Address) 2700 Edmondson Ave.

20. FILED FEB 10 1934, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1933 to Feb. 7, 1934

I last saw h. alive on Feb. 7, 1934. Death is said to have occurred on the date stated above, at 1:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	3
Myocarditis	2.
Cirrhosis of liver	4
Chronic Nephritis	3.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Dth. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 19____

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael Krongold, M. D.

(Address) 2704 Eutaw Place.

M. D. B. 12 E 98170

E 98170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+81

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospital, 12-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Earle Wittgott

(a) Residence: No. Easton, Md. St., ... Ward. Easton Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Crane

6. DATE OF BIRTH (month, day, year) 11-25-1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elliott McDaniel Co.

10. Date deceased last worked at this occupation (month and year) Jan, 1934

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Easton, Md.

FATHER

13. NAME William Wittgott

14. BIRTHPLACE (city or town) (State or country) Easton Md.

MOTHER

15. MAIDEN NAME Emma Stewart

16. BIRTHPLACE (city or town) (State or country) Easton Md

17. INFORMANT Louise Crane Wittgott
(Address) Easton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Easton Md. Date Feb 9, 1934

19. UNDERTAKER Edwards & Owen Co.
(Address) Easton Md.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1934, to 2-8, 1934

I last saw him alive on 2-8, 1934. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Bulbar Paralysis (Progressive Muscular Atrophy.)	4-1923

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Richard Franae, M. D.

(Address) Union Memorial Hosp

M. D. B. 126 E 98171 E 98171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-102

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2834 Guilford Ave St., 12-01 Ward)

Length of residence in city or town where death occurred 72 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth 72 yrs. 10 mos. 21 ds.

2. FULL NAME Robert Carey Dorr

(a) Residence: No. 2834 Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Anna C Dorr

6. DATE OF BIRTH (month, day, year) Mar 17 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Prior to 1930

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Casper Dorr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Beidenkopf

16. BIRTHPLACE (city or town) (State or country) At Sea

17. INFORMANT Mrs Anna C Dorr (wife)

(Address) 2834 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pall Mall Cemetery Date Feb 10 1934

19. UNDERTAKER Stewart & Co.

(Address) Eastern Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1934 to Feb 7 1934

I last saw him alive on Feb 7 1934 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Chronic Nephritis	
Coma.	Feb 7 1934

Other contributory causes of importance: Arteriosclerosis & Age

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A Evans M. D.

(Address) 612 N Eutaw St

M. D. R. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

98172

CERTIFICATE OF DEATH

13 E 98172

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 N. Glover St., L-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Walz

(a) Residence: No. 137 N. Glover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE)~~ of Elizabeth Walz

6. DATE OF BIRTH (month, day, year) July 10th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. A. Conway Co

10. Date deceased last worked at this occupation (month and year) Feb 1934

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Walz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George E. Robinson

(Address) 137 N. Glover St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 10th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

FEB 9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934 to Feb 7 1934

I last saw him alive on Feb 7 1934 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	7/5/34
cardio-vascular-renal disease (chr. nephritis maligna)	7/5/34
Other contributory causes of importance:	
arterio-sclerosis	10 yr

Name of operation — Date of —

What test confirmed diagnosis? clin & surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Krumeich M. D.

(Address) 722 N. Kenwood Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

98173

CERTIFICATE OF DEATH

59

E 98173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 25-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret E. Elding

(a) Residence: No. 262 Patapsco St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of Ludwig Elding

6. DATE OF BIRTH (month, day, year) About 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Emil T. Klaas

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophia Meyers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ludwig Elding
(Address) West Moreland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Feb 10th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

FEB 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7. 1934

22. I HEREBY CERTIFY, That I attended deceased from February 3. 1934 to February 7. 1934
I last saw her alive on February 7. 1934 Death is said to have occurred on the date stated above, at 1:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Diabetes mellitus	
2. Organic pancreatitis	
3. Ind anuria	

Other contributory causes of importance:

1. Hydrus Uterus	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Wasserweller M. D.

(Address) St. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9

E 98174

98174 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Warren, Jr.

(a) Residence: No. 218 N. Vincent st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Warren

6. DATE OF BIRTH (month, day, year) Sept. 8, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER FATHER

13. NAME William Warren

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Louise Johnson

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 2/4/34

19. UNDERTAKER Chas J Cooper
(Address) 3742 E. Lafayette St.

20. FILED FEB 9 1934 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1933 to Feb. 6, 1934

I last saw him alive on Feb. 6, 1934 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

8175

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98175

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 95-002 Registered No.

CITY OF BALTIMORE: (No. Roger B. Taney Ave St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Rose Shapiro

(a) Residence: No. 1238 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Robert

6. DATE OF BIRTH (month, day, year) June 15, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
85	86	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aaron M. Edison

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Berney Shapiro

(Address) 3306 Carlisle Ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Rt Comfort Place Date Feb 9, 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED 12 Registrar.

FEB 9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1934, to February 8, 1934

I last saw her alive on February 8, 1934 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bronchopneumonia	2/4/34

Other contributory causes of importance:

2. Hypertensive Heart Disease	2

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Lehrman M. D.

(Address) West Baltimore Gen. Hosp

M. D. B. 1268 E 98176 E 98176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 V

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Eastern Av Hospitals St., 10-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Bristoe

(a) Residence: No. 1217 E. Madison St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 15, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER FATHER

13. NAME Bristow Bristoe

14. BIRTHPLACE (city or town) (State or country) S. C

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Friends

(Address) East. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Bennettsville S C Date Feb. 10, 1934

19. UNDERTAKER Edw Bowen

(Address) 1631 Orleans St

RECEIVED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1934 to Feb. 6, 1934

I last saw him alive on Feb. 6, 1934 Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency & Congestive failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagel, M. D.

(Address) East. City Hosp

M. D. B. 1268-a E 98177

E 98177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

190

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospl St., 18-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Charles Clay Woodward

(a) Residence: No. 748 W. Fayette St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/7/(?)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
(43?)	43(?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 063

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Fairmont (State or country) Va

MOTHER FATHER

13. NAME William Woodward

14. BIRTHPLACE (city or town) Fairmont (State or country) Va

15. MAIDEN NAME Mary Satterfield

16. BIRTHPLACE (city or town) Fairmont (State or country) Va

17. INFORMANT Balto. City Hospl (Address) Records.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Feb 9 19[illegible]

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED Feb 9 1934 19.... [illegible] Registrar.

0103

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-3 1934 to 2-5 1934

I last saw him alive on 2-5 1934 Death is said to have occurred on the date stated above, at 11.50 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Perforating ulcer duodenum large size	?
(2) Post bite gangrene left foot	1 wk
(3) Cellulitis left leg	5 days
Other contributory causes of importance: Anemia	2 days

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Barnes M. D.

(Address) Balto City Hospl

M. D. B. 1268-9

E 98178

98178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital S. 4-04 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rita Jacobson

(a) Residence: No. 1325 Andrus St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 26 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	2	12	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Alexander Jacobson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mae Butts

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mae Butts
(Address) 1325 Andrus St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb 10 1934

19. UNDERTAKER Chas L Sturm
(Address) 1501 E. Fort Ave.

20. Filed ... 19... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1934 to February 7 1934

I last saw h.. alive on Feb. 1 1934. Death is said to have occurred on the date stated above, at 6 to 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Septicemia	Jan 14
Pneumonia Lft	Jan 30

Other contributory causes of importance:

Empyema - If	Jan 14
Bilateral Otitis media	Jan 14

Name of operation Rib resection Date of Jan 30

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel Weinman M. D.

(Address) Sinai Hospital

A&Co. 5-11 250B

Frederick J. Jeungst

E 98179

98179

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore 27th Ward) General Hospital

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Frederick J. Jeungst

(a) Residence: No. 1908 Brentwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Mary Jeungst

7. DATE OF BIRTH (month, day, year) 1882

8. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	52 yrs			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Co. 6th

11. Date deceased last worked at this occupation (month and year) ... Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany Europe

13. NAME Julius Jeungst

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Jeungst
(Address) 1908 Brentwood

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 2/9 1934

19. UNDERTAKER Edw Tongue
(Address) Wash Blvd

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1934 to Feb 6 1934

I last saw him alive on Feb 6 1934 death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1-24-34
Arteriosclerosis	—
Chronic Myocarditis c	?
Heart failure	2-6-34

Other contributory causes of importance:

Fractured ribs	1-17-34

Accidental fall from bed at home

No Inquest necessary. Dr. M. Reinhardt rd Coroner

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Michael J. Mercieca M. D.

(Address) 1000 Cathedral

M. D. B. 1268-9

E 98180

HEALTH DEPARTMENT—CITY OF BALTIMORE

98180

CERTIFICATE OF DEATH

V 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 20-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Richardson

(a) Residence: No. 121 S Franklintown Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced
RUSBAND of (or) WIFE of C L Alex R Richardson

7. DATE OF BIRTH (month, day, year) April 9, 1873

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Ott

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT C L Alex R Richardson
(Address) 129 S Franklintown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 10, 1934

19. UNDERTAKER Harry N Wetzke
(Address) 1101 Edgewood Ave Baltimore, Md

Feb 9 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/5, 1934 to 2/8, 1934

I last saw her alive on 2/8, 1934 Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	
(a)	
Other contributory causes of importance:	
Bronchial asthma	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H H Brown, M. D.

(Address) University Hosp.

M. D. R. 1268-9

E 98181

98181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 68

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (Church Home & Infirmary) (Ward)

Length of residence in city or town where death occurred ...yrs. 04 mos. 2 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Miss Amelia Wille (WILL)

(a) Residence: No. 2016 Fleet Street, Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

7. DATE OF BIRTH (month, day, year) Dec 21 1879

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	54	1	7	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME Julius Will
14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Augusta Kremyer
16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT John F. Will
(Address) 6001 - Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 2/12/34

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 [illegible]

FILED 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1934, to Feb. 8 1934.
I last saw her alive on Feb. 8, 1934. Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:
Addisons Disease — Date of onset 1932

Other contributory causes of importance:
Secondary Anemia
Chronic colitis

Name of operation ... Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) David A. Andrew M. D.
(Address) Church Home & Infirmary

M. D. B. 1268-9

E 98182

HEALTH DEPARTMENT—CITY OF BALTIMORE

98182

CERTIFICATE OF DEATH

1131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 W. Lanvale St., 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret H. Cassell

(a) Residence: No. 310 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Charles C. Cassell

6. DATE OF BIRTH (month, day, year) Oct 4th - 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John F. Lowery

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Sara Thompson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Kathryn R. Francis

(Address) 448 - E - 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2 | 10 | 34 19

19. UNDERTAKER Geo. Weber & Son

(Address) 8503 Edmondson Ave

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1933, to ..., 19...

I last saw h[er] alive on Feb. 7, 1934. Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility, Coma	
	1 day

Other contributory causes of importance: General debility

Name of operation — Date of —

What test confirmed diagnosis? Coma Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Thos. H. Phillips M. D.

(Address) 1939 Edmondson Ave

M. D. B. 1268-9

E 98183

8183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 St. Charles St. 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie D. Granbery

(a) Residence: No. 2118 St. Charles St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William M. Granbery

6. DATE OF BIRTH (month, day, year): May 8. 1851

7. AGE — Years: 82 — Months: 9 — Days: — — If LESS than 1 day, hrs. or min.: —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: William L. Starkey

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Loucagan Baggs

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Jos. A. Granbery

(Address) 6503 N. 39th St. Hts.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lindenwood Date: July 10. 1934

19. UNDERTAKER: John D. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED: 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6th 1934 to July 8th 1934

I last saw him alive on July 7th 1934. Death is said to have occurred on the date stated above, at 4:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 5th
Other contributory causes of importance:	

Name of operation: None Date of: —

What test confirmed diagnosis: None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Chas. W. Lamed M. D.

(Address) 132 Park Ave

M. D. B. 1208-9

E 98184

98184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 27-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2840 Oakley Ave St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Springer

(a) Residence: No. 2840 Oakley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	19	18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Illinois

13. NAME Lewis Springer

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Mary McElwee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edward Springer

(Address) 2840 Oakley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb. 10, 1934

19. UNDERTAKER Martin Fisher & Sons

(Address) 1101 W. Baltimore

20. FILED Feb 12 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1934 to Feb 7, 1934

I last saw h[illegible] alive on Feb 7, 1934. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Jan 14
Hemiplegia	Jan 14

Other contributory causes of importance:

Senility

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Charles E Mell M. D.

(Address) 2276 Park Ave

M. D. B. 1368-9

E 98185

HEALTH DEPARTMENT—CITY OF BALTIMORE

98185

CERTIFICATE OF DEATH

Registered No. 107-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 N Calvert St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Lena Price

(a) Residence: No. 1709 N Calvert St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of: Lus Price

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: About 50 yrs | Months: | Days: | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Glade Spring Va.

FATHER

13. NAME: William Arnett

14. BIRTHPLACE (city or town) (State or country): Lyndall, Va. Va.

MOTHER

15. MAIDEN NAME: Fannie Dye

16. BIRTHPLACE (city or town) (State or country): Lyndall Va

17. INFORMANT (Address): Harvey Arnett 1709 N Calvert

18. BURIAL, CREMATION, OR REMOVAL: Place Calvert Va Date Feb 9, 1934

19. UNDERTAKER: William Cook (Address) 1217 St Paul Street

20. FILED ____, 19__ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 6, 1934 to Feby 9, 1934. I last saw h[illegible] alive on Feby 8, 1934. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Feby 1

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Jas L Hoofes M. D.

(Address) 3372 Wolfe St

M. D. B. 1261-9

98186 HEALTH DEPARTMENT—CITY OF BALTIMORE 98186

281805 Med.

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Bowen

(a) Residence: No. 10 East Burke Ave Ward. Towson-Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

7. DATE OF BIRTH (month, day, year) unknown 1881

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	-	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. plumber 039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Bowen

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Fannie Gorsuch

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Towson Md
Place Prospect Hill, Date 2-10 1934

19. UNDERTAKER Wilson Cook
(Address) 1511 E. Fayette St

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8- 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-7- 1934 to 2-8- 1934

I last saw him alive on 2-8- 1934. Death is said to have occurred on the date stated above, at ..... p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Emmitt Michael Pilgrim M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 98187

98187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 E. 22nd St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 7 ds. How long in U. S. If of foreign birth? --- yrs. --- mos. --- ds.

2. FULL NAME Robert E. Jenkins

(a) Residence: No. 318 E. 22nd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida K. Beathe

6. DATE OF BIRTH (month, day, year) June 1, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas P. Jenkins

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Uphemia de Ronseray

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Ida K. Jenkins
(Address) 318 E. 22nd Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 2/10 1934

19. UNDERTAKER Henry H. Meyers and Son
(Address) 305 N. Eutaw Street

20. FILED 2-10-1934 Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1920 19.. to Feb 8 1934
I last saw him alive on Feb 7 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis.
Hypertension.
Myocarditis.

Date of onset
Indefinite

Other contributory causes of importance:
Cerebral Lumbago 2-5

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. H. Moody M. D.

(Address) 1403 Park Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98188

98188

CERTIFICATE OF DEATH

✓ 108

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 903 Bevans ST. 23rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gertrude Carr

(a) RESIDENCE NO. 903 Bevans St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1904 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30 ?			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Edward Carr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hanette Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Edw. Carr.

(Address) Calvert Co. Md.

Filed ... 1934 ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-9-34

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1934, to Feb 9, 1934, that I last saw h e alive on Feb. 9, 1934 and that death occurred, on the date stated above, at 3 20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Tapeworm

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Calvin B. LeCompte, M. D.

, 19 (Address) 1113 N. Caroline St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL a a co. Parkers Creek Ann

DATE OF BURIAL 2. 12 1934

20 UNDERTAKER Ed A B Parker

ADDRESS 47 Washington Annapolis

Spec.—1-10-21—M&T—1500 Blks.

8189

HEALTH DEPARTMENT—CITY OF BALTIMORE

FE 98189

CERTIFICATE OF DEATH.

REGISTERED NO. 47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 W. Lee St.) (WARD) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie F. Harrison

(a) RESIDENCE NO. 102 W. Lee ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of John W. Harrison

DATE OF BIRTH (month, day, and year) Nov 30th 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Wm Geo. Fosbender

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Katherine K. Shea brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mrs John P. Reddington

(Address) 1736 N. Broadway

Filed 2/9 1934 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 7, 1934

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1933 to Feb. 7, 1934

that I last saw her alive on Feb. 7, 1934

and that death occurred, on the date stated above, at 4.25 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of larynx

(duration) yrs. 7 mos 4 ds.

CONTRIBUTORY (Secondary) rupture of an oesophageal varix (duration) yrs. mos. 17hour

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? broncho-scopic exam

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 2/10/1934

20 UNDERTAKER Wm Cook 1217 St Paul St — ADDRESS

L. D. B 1208-9

8190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

/E 98190

V122-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Griffin.

(a) Residence: No. 1047 Greenmount Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

DATE OF BIRTH (month, day, year): February 2, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	0	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Michael Griffin.

14. BIRTHPLACE (city or town) (State or country): Ireland.

15. MAIDEN NAME: Bridgett ------

16. BIRTHPLACE (city or town) (State or country): Ireland.

INFORMANT: Mary Tierney. (sister)

(Address): 1047 Greenmount Ave.

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Feb 10, 1934

UNDERTAKER: Rita Wiedefeld

(Address): 414 Greenmount Ave

FILED: Feb 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 7, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Small mesenteric hernia.	
Mesenteric thrombosis.	

Other contributory causes of importance:

Name of operation: Partial resection of bowel. Date of

What test confirmed diagnosis: Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adolf Heinrard M. D. Coroner

2/9/34 (Address) 1017 E. Charles St.

M. D. B. 1268-9

E 98191

HEALTH DEPARTMENT—CITY OF BALTIMORE

98191

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 40-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George L. Koch

(a) Residence: No. 2629 Dulaney St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 29 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... School - Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

FATHER

13. NAME Herus James Koch

14. BIRTHPLACE (city or town) Atlantic, Va. (State or country)

MOTHER

15. MAIDEN NAME Anna Marie Lessner

16. BIRTHPLACE (city or town) Ludy Lane, Va. (State or country)

17. INFORMANT Mrs. Kayte Koch

(Address) 2627 Dulaney St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Feb. 10 1934

19. UNDERTAKER Joseph Cook

(Address) 1005 N. Baltimore St.

20. FILED FEB 10 1934 Hampton Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1934 to Feb. 8 1934

I last saw him alive on Feb. 8 1934 Death is said to have occurred on the date stated above, at 9 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	2/6/34
Ruptured Gangrenous Esophagus	2/7/34
Tetany	2/7/34

Other contributory causes of importance:

Gangrene of toes	2/6/34

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Carl C. Reibel M. D.

(Address) St Agnes Hosp

M. D. B. 1268-9

E 98192

98192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Cliftwood Ave St., 8-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Herold

(a) Residence: No. 2127 Cliftwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Herold

DATE OF BIRTH (month, day, year) Jan 17, 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	0	12/21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME George John Lang

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Pfeiffer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr John Herold

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date 2-12 19 34

UNDERTAKER Albert J Pfeltz Jr.

(Address) 420 N Charles St

FILED 2-12-34 Theodore Fox Pfeltz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure probably Embolism — Date of onset

Other contributory causes of importance: History of Diabetes — yrs ?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. H. Carter Coroner M. D.

(Address) 606 E Monument

M. D. B. 1268-9

98193 E 98193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V92-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME GEORGE A. M. SCHAEFER

(a) Residence: No. Harford Rd. Carney Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ellenor Volz Schaefer

DATE OF BIRTH (month, day, year) Sept. 2. 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ast. Harbor Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Frank R. Schaefer

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Elizabeth Carey

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs. Ellenor V. Schaefer

(Address) Box 153 Parkville P.O. Md.

BURIAL, CREMATION, OR REMOVAL

Parkwood Cemetery Date Feb. 10. 1934

UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sander

(Address) Baltimore & Broadway.

FILED Feb 10 1934 19 APW Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6. 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 4.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease	
Mitral Stenosis	
Chr. Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Bacon M. D.
Coroner

(Address) 508 E North Ave

M. D. B. 1268-9

E 98194

HEALTH DEPARTMENT—CITY OF BALTIMORE

98194

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21-61 St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Coleman

(a) Residence: No. 800 S Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	

6a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/14/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3 3/4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Coleman

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Cleora ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 2/10 1934

19. UNDERTAKER Walter C. Sprecher
(Address) 1324 W. Baltimore St

20. FILED 2 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933 to Feb 8, 1934

I last saw h. R alive on Feb 8, 1934 Death is said to have occurred on the date stated above, at 5 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia bronchs	2-5-34

Other contributory causes of importance:

Premature birth

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John P. Washington M. D.

(Address) Johns Hopkins Hosp.

H. D. B. 1268-9

E 98195

98195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3744 Ellerslie Ave (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas J. Maisel Sr
(a) Residence: No. 3744 Ellerslie Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Roeder Maisel

7. DATE OF BIRTH (month, day, year) Nov. 28, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 15 yrs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

13. NAME John Maisel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret P

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. James C. Callis Jr
(Address) 3744 Ellerslie Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Lutheran Cat. Date Oct. 10 1934

19. UNDERTAKER Wm. Tickner & Son
(Address) North & Pa Ave.

FILED Oct 10 1934 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
last saw h alive on Oct 6 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency (Senile)	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Baer Coroner, M. D.
(Address) 508 E Lombard

Spec—9-30—A & Co—250 Bks

✓ E 98196

98196 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No 40th St + Roslyn Rd 13-21 WARD)

2 FULL NAME Miss Roberta Freeman

(a) RESIDENCE NO. Home for Incurable ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
(b) HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 12 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Macon
(State or country) Georgia

10 NAME OF FATHER Robert Freeman

11 BIRTHPLACE OF FATHER (city or town) Jones Co
(State or country) Georgia

12 MAIDEN NAME OF MOTHER Hannah Scott

13 BIRTHPLACE OF MOTHER (city or town) Macon
(State or country) Georgia

14 Informant Hospital Records
(Address)

Filed FEB 10 1934 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8 - 1934

17
I HEREBY CERTIFY, That I attended deceased from June 11, 1927, to Feby 8 1934, that I last saw h-- alive on Feby 8 1934, and that death occurred, on the date stated above, at 8:40 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Causing a right hemiplegia 7 years ago.
(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Coronary thrombosis
(duration) — yrs. 1 mos. 16 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Physical Exam
Wm B Mayo M. D.
(Signed)
2/9 1934 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Macon - Ga
DATE OF BURIAL Feb 10 1934

20 UNDERTAKER Wm J Pickney & Sons
ADDRESS North & Pa

Dr. Hong. ✓ E 98197

M. D. B. 1268-9

98197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 W. Lombard St. 70-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert K. Taylor.

(a) Residence: No. 2528 W. Lombard. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Taylor.

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Benjiman F. Taylor

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Sarah Kean

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Richard Taylor
(Address) 2528 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 2. 10. 34 19

19. UNDERTAKER Robert Burkhardt Son
(Address) Calhoun & Hollins Sts.

20. FILED 1934 Feb 10 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2. 8. 34 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 . 1934 to Feb 8 . 1934
I last saw him alive on Feb 7 . 1934. Death is said to have occurred on the date stated above, at 9. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 4
Myocarditis	Feb 2
Other contributory causes of importance:	
Arteriosclerosis	1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Morley Strong, M. D.

(Address) 729 Wash. Blvd

H. D. P. 1268-9

E 98198

98198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 16-01 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME James M Boyer

(a) Residence: No. 1714 Riggs Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Boyer

DATE OF BIRTH (month, day, year) Jan 29 1899

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35	35		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Nathaniel Boyer

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

15. MAIDEN NAME — Holland

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

INFORMANT Elizabeth Boyer

(Address) 1035 N. Gilmore St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Feb 10 1934

UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave.

FILED ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6-7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. P. Berry M.D. M. D.

Coroner

(Address) 1305 N. Patterson Park

D. P. 1269-9

E 98199

HEALTH DEPARTMENT—CITY OF BALTIMORE

98199

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carolyn Gray

(a) Residence: No. 1708 Presbury St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 4-1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt Md

13. NAME Chas Dunn.

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Esther Gray

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Bertha Gray

(Address) 1708 Presbury St

BURIAL, CREMATION, OR REMOVAL

Place Int Auburn Cem Date Feb 10 1934

UNDERTAKER Thomas E. Nelson

(Address) 1302 Pennsylvania Ave

FILED . 19

Registrar.

FEB 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 cc 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek M. D.

Coroner

(Address) Coroner

M. D. B. 1268-9

✓ E 98200

98200

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 17-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ralph Hoofe.

(a) Residence: No. 5914 Greenspring Ave. St., ... Ward. Mt Washington
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ralph Hoofe.

6. DATE OF BIRTH (month, day, year) Dec 20 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Robert H. Hoofe.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Upshur.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Wife
(Address) 5914 Greenspring Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb 10, 1934

19. UNDERTAKER Kenny W. Jenkins Sons Co
(Address) N. Eutaw & Orchard Sts.

20. FILED Feb 10 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1934, to Feb 8, 1934.
I last saw h.. alive on Feb 8, 1934 Death is said to have occurred on the date stated above, at 8.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	R-1-34

Other contributory causes of importance:

Name of operation 0 Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Richard France M. D.

(Address) Union Memorial Hospital

M. D. B 1268-9

98201 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

(Lund) ✓ E 98201

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 6 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Thos. W. Lund.

(a) Residence: No. Jacksonville Fla. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
male	white	Single

6a. If ~~married~~, ~~widowed~~, or ~~divorced~~
HUSBAND of
(or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, year) Jan 19 or 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	0	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fla

MOTHER'S MAIDEN NAME

13. NAME T. W Lund

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Susan Rennsford

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr Jno. Millin

(Address) Jacksonville Fla

18. BURIAL, CREMATION, OR REMOVAL

Place Jacksonville Fla Date Feb 10 19 34

19. UNDERTAKER Scruggs Vandervoort & Barney

(Address) Atlanta Ga

20. FILED ..... 19..... Registrar.

01834 Rd 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/8/34 19.... to 2/10/34 19....

I last saw h. i M alive on 2/10/34 19.... Death is said to have occurred on the date stated above, at 12 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Howard L. Zunsle M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 98202

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98202

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 S Decker ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nicholas Everd

(a) Residence: No. 604 S Decker ave Ward.

(Usual place of abode) Baltimore Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 30

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael Everd

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Hafner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lenard Everd

(Address) 604 S. Decker ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 2/12 19 34

19. UNDERTAKER John J Puda

(Address) 238 Hudson St

20. FILED ... 19 ... Registrar.

FEB 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 19 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 19 34 to Feb 8 19 34

I last saw him alive on Feb 8 19 34 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1 day
	one

Other contributory causes of importance:

Acute interstitial nephritis two

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas V Ellwood M. D.

(Address) 800 S Ellwood ave Balto

Spec.—1-30—M. & T.—250 Bks

✓ E 98203

98203

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1351 N. Carey ST. 15-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Mitchell

(a) RESIDENCE NO. 1351 N. Carey St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Jan ? 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	1		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic Gen

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs Elsie Sternhoff

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Reuben Mitchell

11 BIRTHPLACE OF FATHER (city or town) Essex Co. (State or country) Va

12 MAIDEN NAME OF MOTHER Leuhanna Rice

13 BIRTHPLACE OF MOTHER (city or town) Va. (State or country)

Informant Alvesta Rock

(Address) 1351 Carey St.

Filed 2-10-1934, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-7-1934

17

I HEREBY CERTIFY, That I attended deceased from 2-1-, 1934, to 2-7-, 1934,

that I last saw her alive on 2-5-, 1934,

and that death occurred, on the date stated above, at 9:15 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary phthysis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Unknown

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Frank H Saunders, M. D.

2-7-1934 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL Feb 10 1934

20 UNDERTAKER J. A. Brooks

ADDRESS 1463 N Carey

M. D. B. 1268-9

E 98204

98204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 958 Aisquith St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne Byrne

(a) Residence: No. 958 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10 1869

7. AGE: Years 64 | Months 6 | Days 28 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Nurse 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bello Md

13. NAME Andrew J. Byrne

14. BIRTHPLACE (city or town) (State or country) Bello Md

15. MAIDEN NAME Mary Donahue

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Mary Keller

(Address) 1200 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Cemy Date Feb 13 1934

19. UNDERTAKER Henry Hoeltzbus Sr.

(Address) 1301 E. Eager St.

Feb 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1934 to Feb 8 1934

I last saw her alive on Feb 7 1934 Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	3 days
Myocardial Insufficiency	
Other contributory causes of importance: Myocarditis	7

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas F. Waste M. D.

(Address) 532 E. Eager St.

E 98205

M. D. B 1268-9

98205 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

124-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032-E. Preston Street St., 8-01 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elmer A. Tuder

(a) Residence: No. 2032-E. Preston Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose C. Rosenberger

6. DATE OF BIRTH (month, day, year) 1/23/1885

7. AGE Years	Months	Days	If LESS than 1 day, ~~write hours~~ or ..... min.
49	-	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Rose C. Tuder
(Address) 2032-E. Preston Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/12/34, 19

19. UNDERTAKER George J. Smith & Son
(Address) 725 Hollins [illegible]

FILED ..... 19 .....

01934 RMH Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1933 to Feb 8 1934

I last saw him alive on Feb 7 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Gastric Hemorrhage — Date of onset .....

Other contributory causes of importance:

atrophy Cirrhosis of Liver — Date of onset .....

Name of operation ..... Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ..... 19 .....

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of Injury ~

24. Was disease or injury in any way related to occupation of deceased? ~

If so, specify ~

(Signed) Clem Lemmert M. D.

(Address) 4706 Harford Road 2/8/34

M. D. B. 1268-9

E 98206

HEALTH DEPARTMENT—CITY OF BALTIMORE

98206

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 2-7-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Cook

(a) Residence: No. 4815 Park Hgts. Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 3, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Vernly Cook

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Elinor Lafferty

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 2/10/34 19

19. UNDERTAKER Geary & Platt Inc.

(Address) 1351 Pennsylvania Ave

Filed for Burial Permit

19 FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3 1934 to Feb. 9 1934

I last saw h.. alive on Feb. 9 1934. Death is said to have occurred on the date stated above, at 7:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Lues ?	
Prematurity	
Pneumonia	Feb 8/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. L. Sharpe M. D.

(Address) Bird. Gen. Hospital

M. D. B. 1268-9

SWIEC ✓M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98207 E 98207

CERTIFICATE OF DEATH

213

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., N-01 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Frank Swiec

(a) Residence: No. 3204 E Chatt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Swiec

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steveder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Int

10. Date deceased last worked at this occupation (month and year) 5

11. Total time (years) spent in this occupation 674

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Frank Swiec

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date 2/12 34

19. UNDERTAKER John J Ruda (Address) 801 Fleet St

20. FILED FEB 10 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8- 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1- 1934 to Feb 8 1934

I last saw h/m alive on Feb 8 1934. Death is said to have occurred on the date stated above, at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture S. 6-7 rt. (Right)	2 days
Pneumothorax, (Right)	2 days
Pneumonia, Lobar (Right)	2 days
Paralytic ileus	2 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell down stairs on head

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. L. Dallenpatt M. D.

(Address) Mercy Hospital Balto. Md

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98208

Registered No. E 98208

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 Chester St. 8-C Ward)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME J. Mont Thomas

(a) Residence: No. 1537 Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or WIFE of) Blanche S. Thomas

6. DATE OF BIRTH (month, day, year) June 3rd 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pitts Bay Glass Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John M. Thomas

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Blanche S. Thomas
(Address) 1537 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Feb 12th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6th 1934 to Feb 9th 1934

I last saw him alive on Feb 9th 1934 Death is said to have occurred on the date stated above, at 11.15 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Broncho Pneumonia	4 D.
Due to Endocarditis	2

Other contributory causes of importance:

Cardiac Decompensation	1 Day
Arteriosclerosis	Yrs

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) . M. D.

(Address)

M. D. B. 1268-0

98209

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98209

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 S. Clinton St. 76-21 Ward) Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Custis Wilson

(a) Residence: No. 116 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Katherine A. Wilson

6. DATE OF BIRTH (month, day, year) Feb 7th 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary

10. Date deceased last worked at this occupation (month and year) Nov 1931

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) York Pa

MOTHER'S MAIDEN NAME

13. NAME Thomas L. G. Wilson

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Katherine A. Wilson
(Address) 116 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 10th 1934

19. UNDERTAKER Wm Cook
(Address) 1207 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1933 to Feb 4, 1934

I last saw him alive on Feb 4, 1934 Death is said to have occurred on the date stated above, at 8:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bright's Kidney	1933
Exclusive	
Other contributory causes of importance:	
Senile Degeneration	7/1/33
of Heart	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Beard, M. D.

(Address) 99 E. Fayette

M. D. B. 1268-9

98210

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98210

CERTIFICATE OF DEATH

107-284

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 Calverton Hghts Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Almira Hildebrand

(a) Residence: No. 2326 Calverton Hghts Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

3a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of James B. Hildebrand

6. DATE OF BIRTH (month, day, year) Feb 19th 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME James F. Brown

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

15. MAIDEN NAME Fannie F. Stephens

16. BIRTHPLACE (city or town) (State or country) Rock Hall Md

17. INFORMANT James B. Hildebrand

(Address) 2326 Calverton Hghts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Park Date Feb 12th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

FEB 10 1934

19. FILED ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1934 to ~~Feb~~ 8 1934

I last saw h~~e~~r alive on ~~Feb~~ 8 1934 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	about Jan 20.

Other contributory causes of importance:

Cardiac Dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert L Baker M. D.

(Address) 719 Med Arts Bldg

D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

98211

CERTIFICATE OF DEATH

E 98211

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: Pronounced dead at Hopkins Hospital St., 7-01 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Lones Lee

(a) Residence: No. 1621 E. Monument St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 8/1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	4	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Nose Lee

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Gough

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Emma White 715 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Feb 12 1934

19. UNDERTAKER (Address) Mrs Robert A. Wright Caroline & Biddle Sts

20. FILED FEB 10 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10.30 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Vascular Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Hance M. D. Coroner

(Address) 508 E Fayette

M. D. B. 1268-0

E 98212

98212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Fulleland St. 16-01 Ward)

Length of residence in city or town where death occurred 45 yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo. H. Mueller

(a) Residence: No. 1212 Fulleland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura E. Mueller

6. DATE OF BIRTH (month, day, year) Oct 8, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R.

10. Date deceased last worked at this occupation (month and year) Feb, 1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, md.

FATHER

13. NAME Louis Mueller

14. BIRTHPLACE (city or town) (State or country) Balto, md

MOTHER

15. MAIDEN NAME Susan Hoover

16. BIRTHPLACE (city or town) (State or country) Balto, md

17. INFORMANT Laura E. Mueller
(Address) 1212 Fulleland St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 10 34

19. UNDERTAKER Thomas Kramer
(Address) 33 Collington Ave

FILED ..... 19..... .....
(Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1933 to Feb 9 1934

I last saw him alive on Feb 9 1934 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	
Other contributory causes of importance:	
myocarditis	

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) John A. Graham M. D.

(Address) 1212 Fulleland St

M. D. B. 1268-9

E 98213

98213 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-C Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Myers

(a) Residence: No. 720 W. Mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Alexander Myers

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Florence Jones

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff Med College Date Feb 6, 1934

19. UNDERTAKER
(Address)

FILED ..... 19..... Registrar.

0105

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1934 to Feb. 2, 1934

I last saw him alive on Feb. 2, 1934 Death is said to have occurred on the date stated above, at 9 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-14-34
Other contributory causes of importance:	
aneurysm of aorta	3-4 years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Josef J. Bergmann M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

98214 E 98214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Wilkins

(a) Residence: No. 902 N Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 26. 1934

7. AGE: Years | Months | Days: 8 6 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country):

13. NAME: Ernest Poole

14. BIRTHPLACE (city or town) (State or country): North Carolina

15. MAIDEN NAME: Carrie Smith

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address):

18. BURIAL, CREMATION, OR REMOVAL

Place ... Med Colleg... Date Feb 10 19...

19. UNDERTAKER (Address):

20. FILED ... 19...

0106

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 .1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934 to Feb 2 1934.

I last saw h... alive on Feb 2 1934 Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
intracranial hemorrhage	1/31/34

Other contributory causes of importance:

Tox. hepatosis	"
diffuse liver	"

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) ... M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 98215

98215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9-01 St., [illegible] Ward)

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Roy Masters

(a) Residence: No. 1310 Hellman St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1/28/1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4 hours		5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Clifford Masters

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Lillian Masters

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Feb 10 1934

19. UNDERTAKER
(Address)

20. FILED Feb 10 1934 [illegible] Registrar.

0107

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1934 to Feb. 3, 1934

I last saw him alive on Feb. 3, 1934. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maynard Hecht M. D.

(Address) Johns Hopkins Hosp.

M. D. H. 1268-9

E 98216

98216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-01 Ward)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 19 ds. How long in U. S. If of foreign birth? 73 yrs. 5 mos. 19 ds.

2. FULL NAME Ella C. McComas

(a) Residence: No. 2126 St Paul St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE Lemmon Cole McComas

DATE OF BIRTH (month, day, year) August-20-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME Henry Sellers

14. BIRTHPLACE (city or town) (State or country) Phila. Penna.

15. MAIDEN NAME Ella C. Curtis

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Mrs Martha L Blanck (daughter)

(Address) 2-E-33-St-City.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb 12 1934

19. UNDERTAKER Union Memorial Co.

(Address) 10 East Lee Ave.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3.45 A m

The principal cause of death and related causes of importance were as follows:

Fractured right fibula
Pulmonary Embolii

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/19 1934

Where did injury occur? St Paul & 23rd St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Otkovny Coroner M. D.

(Address) 2200 E Madison St.

H. D. B. 1268-9

E 98217

98217 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

13-01 / 186-001

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-01 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Jacobi

(a) Residence: No. 3506 Auchentoroly Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob H. Jacobi

DATE OF BIRTH (month, day, year) Sept. 12, 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Hanover, Pa.

13. NAME Abraham Heiman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mena Bacharach

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Julius Wolf.
(Address) 3506 Auchentoroly Terrace.

BURIAL, CREMATION, OR REMOVAL

Place Phila. Pa. Date Feb. 11 19 34

UNDERTAKER Ward, Goodkoontz & Son
(Address) 1902 Eutaw Place.

FILED 61934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal)	
Diabetic-Uremia	????

Other contributory causes of importance:

Injured RightHip (Probable Fracture)	Feb 3/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Feb 3/34

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home.

Manner of injury Stumbled over chair

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.
(Coroner)

(Address) 508 E Monument

E 98218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98218

94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Steamship Munaries St. 1-0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Claude Moore.

(a) Residence: No. Mobile Alabama St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 27 1877

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	56	3	13.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Notasulga Ala

12. NAME Father Moore Unknown

13. BIRTHPLACE (city or town) (State or country) Unknown Notasulga Ala

14. MAIDEN NAME of Mother Thomson Unknown

15. BIRTHPLACE (city or town) (State or country) Ala Unknown

16. INFORMANT Mrs Claude L Moore

(Address) Notasulga Ala

BURIAL, CREMATION, OR REMOVAL Mobile Alabama Date Feb 6 1934

UNDERTAKER Chas. G. Black

(Address) 742 N Broadway

FILED FEB 11 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sat 4 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h— alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) 1305 N Fulton Ave

M. D. B. E 98219 E 98219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 W. Lee St. 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Viola Harmans Johnson

(a) Residence: No. 624 W. Lee St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Johnson

7. DATE OF BIRTH (month, day, year) — 1892

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME George Harman

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Virginia

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Virginia Harman

(Address) 624 W Lee St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2-11, 1934

19. UNDERTAKER James A. Hayes

(Address) 142 W. Third St

20. FILED ... 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1934, to Feb 8, 1934

I last saw her alive on Feb 6, 1934. Death is said to have occurred on the date stated above, at 6:09 m.

The principal cause of death and related causes of importance were as follows:

Cardiac insufficiency — Date of onset June 1933

Arteriosclerosis — Duration

Other contributory causes of importance:

acute cardiac dilatation — 4 days

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 2030 Wilkens Ave

Rec.—2-29-28 E.F. 98220

E 98220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 901 Aisquith Street ST. 10-01 WARD)

2—FULL NAME Sister Honoria Martha Scholz

(a) RESIDENCE NO. Convent of Notre Dame ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 3, 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer Srs. of Notre Dame

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Julius Scholz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Müller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Sr. of Notre Dame
(Address)

Filed FEB 11 1934, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10, 1934

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1934, to Feb. 10, 1934, that I last saw her alive on Feb. 8, 1934 and that death occurred, on the date stated above, at 10.55 A. M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia R Lobe
Chr Myocarditis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? gross

(Signed) F. J. Kirby, M. D.

2/10, 1934 (Address) 110 E Northern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Natch Cliff Md.	Feb 12 1934
20 UNDERTAKER	ADDRESS
Frank D. Fink	916 N. Gay St

M. D. B. 1268-2

E 98221

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98221

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

2. FULL NAME Esther M. Sugerman

(a) Residence: No. 1649 Ruxton ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham Vesusky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Brena

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Henry Sugerman

(Address) 1649 Ruxton Ave

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rmedale Date 2/11/34 19

UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Balto St.

FILED Feb 15 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 (C) 19 34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Feb 9 34 Death is said to have occurred on the date stated above at m

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset

Fell down steps

Fractured Skull

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 2/9 19 34

Where did injury occur? 1649 Ruxton Ave (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Jack Cohen M. D.

Coroner

(Address)

M. D. B. 1268-9 E 98222

E 98222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Mrs. Elba Hennitz

(a) Residence: No. 391 S. Monroe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Abraham

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Cemetery Run Date 2/11/34, 19

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Balto. St

20. FILED 2/11/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-5-34, 19, to 2-10-34, 19

I last saw h[illegible] alive on 2-10-34, 19. Death is said to have occurred on the date stated above, at 5:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis Phy. Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Alleson, M. D.

(Address) Bon Secours Hosp.

M. D. 12

E 98223

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98223

CERTIFICATE OF DEATH

106-062

1. PLACE OF DEATH Lenndale

CITY OF BALTIMORE: (No. 27-41 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Mrs. Bessie Saddleta Ky

(a) Residence: No. Belvedere Terrace St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Belvedere Terrace

18. BURIAL, CREMATION, OR REMOVAL Place W. Lond Township Date 2/6/34 19

19. UNDERTAKER (Address) Jack Levy Inc 1439 E. Balto St

20. FILED 2-11-1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-22 1933 to 2-9 1934

I last saw her alive on 2-8 1934 Death is said to have occurred on the date stated above, at 9:20 A. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chr. Bronchitis & Emphysema

Date of onset

Other contributory causes of importance:

Peyehous

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Edmund Lewin M. D.

(Address) Lenndale

D. B 1268-9

E 98221 E 98224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. Hopkins Hospital St. B-01 Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 34 yrs. ... mos. ... ds.

2. FULL NAME Harry S Chaffer

(a) Residence: No. 1512 E. Lombard St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Rachael

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 634

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Rachael Schaffer

(Address) 1512 E. Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 2/11/34, 19

UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Balto. St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.30 P. M.

The principal cause of death and related causes of importance were as follows: | Date of onset

Probably Myocardial Insufficiency

(History of heart trouble)

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. H. Cullen, M. D.

(Address) 508 E Monument Corner

M. D. B. 1268-E 98225 E 98225

HEALTH DEPARTMENT—CITY OF BALTIMORE

279233 ✓ 91-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Levin

(a) Residence: No. 520 East 28 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-8-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Morris Levin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Anna Levin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 11, 1934

19. UNDERTAKER for Lemmon & Sons
(Address) 1127 E Baltimore St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1933 to Feb 11, 1934

I last saw him alive on Feb 11, 1934. Death is said to have occurred on the date stated above, at 12 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial endocarditis	Oct 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) R Carmichael Tilghman M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268 E 98226

E 98226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH XV 157-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Mc Ginn

(a) Residence: No. Secretary, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 14 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Secretary Md

13. NAME Samuel McGinn

14. BIRTHPLACE (city or town) (State or country) Secretary Md

15. MAIDEN NAME Nora M Dolika

16. BIRTHPLACE (city or town) (State or country) Secretary Md

17. INFORMANT Mrs Nora M McGinn

(Address) Secretary Md

18. BURIAL, CREMATION, OR REMOVAL

Place East New Market Cem. Date Feb. 12 19 34

East New Market Md

19. UNDERTAKER John P Henry

(Address) 715 Light St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9 19 34

22. I HEREBY CERTIFY, That I attended deceased from October 9 19 33 to February 9 19 34

I last saw h. alive on February 9 19 34 Death is said to have occurred on the date stated above, at 8.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Urethral Obstruction?	[redacted]
Chronic Cystitis	
Pyo ureter Pyonephrosis (Bilateral)	
Multiple Kidney Abscess	
Other contributory causes of importance:	
Uremia	2/7/34
adherent Pericardium	

Name of operation Suprapubic Cystotomy Exploration left Kidney Date of 1/24/34 Tot 20 Da

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Howard Stackhouse M. D.

(Address) University Hosp.

M. D. B. 1268-0 E 98227 E 98227

280719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-01 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Simon

(a) Residence: No. Parkville St., Ward Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 20-5-62

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	72	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Peter Simon

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Muster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 2/14/34

19. UNDERTAKER
(Address) 7401 Belair Rd.

20. FILED FEB 19 34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933, to Feb 10, 1934

I last saw him alive on Feb 10, 1934. Death is said to have occurred on the date stated above, at 1145 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diverticulectomy 2/9/34	
Arteriosclerosis, myocardial scarring ?	
Pulmonary edema ? 2/10/34	

Other contributory causes of importance:

Benign prostatic hypertrophy	9-10 yrs

Name of operation Diverticulectomy Date of 2/9/34

What test confirmed diagnosis? Was there an autopsy? O

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

M. D. B 1268 E 98228

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98228

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1811 N. Calvert St. 12-61 Ward)

Length of residence in city or town where death occurred 67 yrs. 3 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sara Elder Gibbons

(a) Residence: No. 1811 N. Calvert St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 21st 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME J. Thomas Gibbons

14. BIRTHPLACE (city or town) Princess Anne. (State or country) Md.

15. MAIDEN NAME Susan E Kenney

16. BIRTHPLACE (city or town) Baltimore. (State or country) Md.

17. INFORMANT Chas. G Dunn

(Address) 1811 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Feb 12th 1934

19. UNDERTAKER Henry W. Jenkins Son Co

(Address) 1 Druid Ele Pulloh

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1928, 19... to Feb 10, 1934

I last saw her alive on Feb 10, 1934. Death is said to have occurred on the date stated above, at 10 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Acute
Arterio-Sclerosis	

Other contributory causes of importance: Pulmonary Edema. 2 hrs

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W A Moody M. D.

(Address) 140 E Park ave

M. D. H. 1268 E 98229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. E 98229

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2622 North Charles St. St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ALICIA M. GILLEN

(a) Residence: No. 2622 N. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
• HUSBAND • of (or) WIFE of James Morgan Gillen

6. DATE OF BIRTH (month, day, year) June 12, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jermiah Gillen

14. BIRTHPLACE (city or town) (State or country) Portland Maine

15. MAIDEN NAME Mary Ann Mitchell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Francis P. Murphy
(Address) 2622 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Feb. 12 1934

19. UNDERTAKER Chas. P. Grace & Son
(Address) 1800 Madison Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 7 1934 to Feb 10 1934

I last saw her alive on Feb 10 1934 Death is said to have occurred on the date stated above, at 7 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	Unknown

Other contributory causes of importance:

Cerebral Hemorrhage	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. P. Grace & Son, M. D.

(Address) 2923 St Paul St

M. D. B. E 98230 E 98230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2022 Penrose Ave St. 70-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ANNA L. CHAPMAN

(a) Residence: No. 2022 Penrose Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Chapman.

6. DATE OF BIRTH (month, day, year) Oct. 27. 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53 52	53	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore.

13. NAME Benjman. Woodward

14. BIRTHPLACE (city or town) (State or country) Baltimore.

15. MAIDEN NAME Anna Benson

16. BIRTHPLACE (city or town) (State or country) Baltimore.

17. INFORMANT W. Mallion H. Chapman.

(Address) 2022 Penrose Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date 2. 12. 34 19

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts.

20. FILED ..... 19 ..... Registrar. 2/8/34

11 1034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2. 8. 34 19

22. I HEREBY CERTIFY, That I attended deceased from 2/1 1934 to 2/8 1934

I last saw her alive on 2/8 1934. Death is said to have occurred on the date stated above, at 2. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/1/34
Other contributory causes of importance:	
Arterial Sclerosis Hypertension	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest Cahn M. D.

(Address) 2145 N. Baltimore St.

AACo. 5-31 2000

E 98231

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98231

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Poplar Grove St., 16-61 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella M. Sexton

(a) Residence: No. 1107 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Sexton

DATE OF BIRTH (month, day, year) March 23/15

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Scott

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Carroll

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John M. Sexton

(Address) 1107 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedra Date 2/12 19 34

19. UNDERTAKER Martin E. Flynn

(Address) 2107 N. Paca St.

FILED FEB 11 1934 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 8th 1934.

I HEREBY CERTIFY, That I attended deceased from February 3 1934 to February 8 1934

I last saw her alive on February 8 1934 death is said to have occurred on the date stated above, at 12.45 P m.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis — Date of onset Not known Feb 3 1934

Cardiac Hypertension — Not known.

Chronic Nephritis

Other contributory causes of importance:

Name of operation none — Date of

What test confirmed diagnosis Physical examination — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East west st.

H. D. B 1263-9

E 98232

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98232

CERTIFICATE OF DEATH

82-001

Registered No. 12-61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 E. Federal St. St. 12-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Collin B. Oliver. (C)

(a) Residence: No. 410 E. Federal St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	65	----------		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME Thomas Oliver. (C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Lendonia ------(C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

INFORMANT John C. Oliver-(C) nephew.

(Address) 410 E. Federal St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Feb. 13 1934

UNDERTAKER Samuel N. Chase Son

(Address) 638 N. Gilmor St

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19..., Death is said to have occurred on the date stated above, at 7.30 a. m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Cerebral Apoplexy.

Other contributory causes of importance:

Name of operation No se Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Otto Reinhardt, M. D. Coroner

2/10/34 (Address) 1017 St. Charles st.

M. D. B. E 98233 E 98233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. X V 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward) 20-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Merrick.

(a) Residence: No. Annual Institute Annemdale Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Merrick

6. DATE OF BIRTH (month, day, year) 11-11-1844.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME OF FATHER Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME OF MOTHER Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Hospt Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Pleasantville N J 2/12/34

19. UNDERTAKER Eugene A Feldmeyer Fulton & Lafayette
(Address)

FILED 2/11/1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1932 to Feb 8 1934

I last saw him alive on Feb 8 1934. Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia.	Feb 5
Other contributory causes of importance Carcinoma of Lung & Cerebral Hemorrhage. Senility.	Oct 1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alden H Chandlee M. D.

(Address) Bon Secours Hosp.

M. D. B. 1968-9

E 98234

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98234

CERTIFICATE OF DEATH

V 92-001

Registered No. 7-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Mc Elderry St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob F. Kaufman

(a) Residence: No. 1419 Mc Elderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jack. Kaufman

6. DATE OF BIRTH (month, day, year) Feby 11-69

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo Kaufman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Willcomb

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo. F. Kaufman
(Address) 1419 Balto Md

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date July 13" 1934

19. UNDERTAKER Geo M. Frank & Son
(Address) 611 N Eutaw St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from February 1931 to February 9 1934

I last saw h~~im~~ alive on February 9 1934 Death is said to have occurred on the date stated above, at 11:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Jan. 1931

Other contributory causes of importance:

Chronic Peri + Myocarditis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Francis J. Lyons, M. D.

(Address) 2025 E. Monument St.

M. D. F. 1 E 98235

E 98235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 Mc Elderry St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Emery

(a) Residence: No. 2026 Mc Elderry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frances Emery

7. DATE OF BIRTH (month, day, year): July 14 79

8. AGE: Years 54 | Months 6 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cloth Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Arthur Emery

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Jennie Short

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Frances Emery
(Address): 2026 Mc Elderry

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Date: July 12 1934

19. UNDERTAKER: Geo M. Trott Son
(Address): 801 N Eutaw St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 9 1934

22. I HEREBY CERTIFY, That I attended deceased from February 6 1934 to February 9 1934

I last saw him alive on February 6 1934. Death is said to have occurred on the date stated above, at 6 - m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	Feb 5 34

Other contributory causes of importance:

Myocardiac Insufficiency

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Frank J. Ayd M. D.

(Address) 2006 E. Monument St.

ec.—2-29-28—L. P. C.—50

E 98236

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98236

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1015 Valley St ST., 10-01 WARD)

2—FULL NAME Teresa Minicapelli

(a) RESIDENCE NO. 1015 Valley St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Santo Minicapelli

DATE OF BIRTH (month, day, and year) 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Villa Rosa
(State or country) Italy

10 NAME OF FATHER Cologero Bruno

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Concetta Gerragi

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

Informant Santo Minicapelli (son)

(Address) 1015 Valley St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 - 1934

17

I HEREBY CERTIFY, That I attended deceased from Feb 3, 1934 to Feb 9, 1934

that I last saw her alive on Feb 8, 1934

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Chronic valvular Heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY Exhaustion
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi S. DiStefano, M. D.

Feb 9, 1934 (Address) 407 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Feb 12 1934
20 UNDERTAKER	ADDRESS
George D Martin Jr	235 Hanover

M. D. B. No. E 98237

E 98237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH Woman's Hospital

Registered No. .....

CITY OF BALTIMORE: (No. Lafayette & Johns St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Meister

(a) Residence: No. Woman's Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 9, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Abram Meister

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Lena Feinstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lena Feinstein
(Address) Yonkers, New York

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Harrington Run Date 2/11/34 19

19. UNDERTAKER Jack Lewis & Son
(Address) 1439 E. Baltimore St.

20. FILED ... 19 ...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1934, to February 10, 1934.

I last saw her alive on February 10, 1934. Death is said to have occurred on the date stated above, at 8:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7 months)	—

Other contributory causes of importance:

Therapeutic abortion (7 mos.) for nephritic toxemia	—

Name of operation Therapeutic abortion for nephritic toxemia Date of 11/2/34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Glenn Wilson Jenkins, M. D.

(Address) Woman's Hospital
Baltimore, Maryland

M. D. B. 1268-9

E 98238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98238

CERTIFICATE OF DEATH

99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Fr Holmes Rd 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Koenig

(a) Residence: No. 3602 (Frankford Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Adolph Koenig

6. DATE OF BIRTH (month, day, year): Oct 5 1867

7. AGE: Years 66 | Months 4 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: George Baum

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Anna M Baker

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Adolph Koenig

(Address) 3602 Frankford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb. 12, 1934

19. UNDERTAKER: John H Ulrich & Son

(Address) 1501 Edmondson Ave

20. FILED ... 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1934 to Feb 9 1934

I last saw h[illegible] alive on Feb 9 1934 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset Feb 6

Other contributory causes of importance: Mild grade arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley Cole, M. D.

(Address) 2212 Lemmon St

H. D. B. 1268-9

E 98239 ✓ E 98239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4110 Northern Parkway St. 27-01 Ward)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Margaret Edna Rivers

(a) Residence: No. 4110 Northern Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) February 28, 1910

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile Brokerage Corporation

10. Date deceased last worked at this occupation (month and year) February 1933 | Total time (years) spent in this occupation 2 yrs

11. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Harry C. Rivers

14. BIRTHPLACE (city or town) Terratown
(State or country)

15. MAIDEN NAME Margaret E. Norris

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Mr. Harry C. Rivers
(Address) 4110 Northern Parkway

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Feb. 12, 1934

UNDERTAKER Leech Cook
(Address) 1005 W. Baltimore St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 15 1931 to Feb 9 1934

I last saw her alive on Feb 9 1934 Death is said to have occurred on the date stated above, at 4.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Mch 31 ?

Other contributory causes of importance:

Pulmonary Tuberculosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Alan B Lemmon, M. D.

(Address) 718 N. Patterston Park Ave.

M. D. B. 1269 E 98240

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98240

CERTIFICATE OF DEATH

46

Registered No. 6601

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 N Patterson Pk Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Silk

(a) Residence: No. 432 N Patterson Pk. Ave St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Silk

6. DATE OF BIRTH (month, day, year) May 14 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Maryland

13. NAME John Armstrong

14. BIRTHPLACE (city or town) (State or country) Harford Co Maryland

15. MAIDEN NAME Mary Cronin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Henry Weigand (daughter)
(Address) 432, N. Patterson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date Feb, 12, 19 34

19. UNDERTAKER Lilly & Gailey inc
(Address) 403 S Broadway

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9/34. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6. 1933 to Feb. 10 1934

I last saw her alive on Feb 9 1934 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	about 4 mo

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. Heller M. D.

(Address) 1937 Boyd St

M. D. B. 126 E 98241

E 98241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Heise

(a) Residence: No. 17 S. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Heise

6. DATE OF BIRTH (month, day, year) Oct 18, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER FATHER

13. NAME Christopher Stepple

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Pseudo Balt. City Hosp. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Feb. 12, 1934

19. UNDERTAKER John C. Miller (Address) 1435 E. Monument St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934 to Feb 9, 1934

I last saw her alive on Feb 9, 1934 Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	?
Multiple Cerebral Hemorrhages	
Pseudo-bulbar palsy	7 mo.
Other contributory causes of importance:	

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagel M. D.

(Address) Balt. City Hospitals

M. D. B. 1268-9

E 98242 ✓ E 98242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Andrew Steindle

(a) Residence: No. 2229 Orleans Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 27, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Steindle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Records Balto. City Hosp.

(Address) Holy Redeemer

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/12 19 34

19. UNDERTAKER Gebhart & Leatherwood

(Address) 1000 E Fenwood Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 . 1934 to Feb 8 . 1934

I last saw him alive on Feb. 8 . 1934 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	about 2½ yrs.
Pneumonia Bronchial?	?

Other contributory causes of importance:

Chronic Bronchitis	about 4/4/33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Tobias Weinberg M. D.

(Address) Balto. City Hosp.

M. D. B. 12 E 98243 ✓ E 98243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. 1935-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2248 Sidney Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Neal Ottina

(a) Residence: No. 2248 Sidney Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, ~~or divorced~~ (or) WIFE of John Ottina

6. DATE OF BIRTH (month, day, year) 24 July 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home D 21

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Clarion - Pennsylvania

MOTHER FATHER

13. NAME Elias Neal -

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Jemima Waite

16. BIRTHPLACE (city or town) (State or country) Clarion Pennsylvania

17. INFORMANT Mary Neal Ottina

(Address) 2248 Sidney Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross (a a c md) Date Feb 13th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED FEB 12 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9- 1934

22. I HEREBY CERTIFY, That I attended deceased from 9 January 1934 to Feb 1st 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: Cardio-Vascular Disease — Date of onset

Other contributory causes of importance: Many years = Senility

Name of operation none Date of ...

What test confirmed diagnosis? Observation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) Caldwell Woodruff M. D.

(Address) Linthicum Hgts Md

M. D. B. 1268-9 E 98244

HEALTH DEPARTMENT—CITY OF BALTIMORE E 98244

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 106 S. Carlington St., 1601 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur E. Gledcomb
(a) Residence: No. 106 S. Carlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Gledcomb

6. DATE OF BIRTH (month, day, year) Aug. 14, 1878

7. AGE: Years 55 | Months 5 | Days 24 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tinning Co

10. Date deceased last worked at this occupation (month and year) 1934 | 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Gledcomb

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Grey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ella E. Gledcomb
(Address) 3218 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2/13 1934

19. UNDERTAKER Wm Cole & Son
(Address) 814 W. Baltimore St

20. FILED FEB 13 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1933 to Feb 11 1934

I last saw him alive on Feb 10 1934 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Carcinoma	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Mitchell M. D.
(Address) 1279 Hillman St

M. D. B. 1268 E 98245

✓ E 98245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 504 N Pulaski St., 20-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John George Sommers

(a) Residence: No. 504 N Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna R. Sommers

6. DATE OF BIRTH (month, day, year): Dec 14 1875

7. AGE: Years 58 | Months 1 | Days 27 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Soldier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Govt Dec. Co
10. Date deceased last worked at this occupation (month and year): Dec 1934
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: John A. Sommers

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Mohnnen

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Kenneth Sommers
(Address): 504 N Pulaski St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Lookout Date: 2/14 1936

19. UNDERTAKER: Wm Cook
(Address): 1314 E Fort Ave

FILED 2 1936 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1934 to date of death 19
I last saw him alive on July 11 1934. Death is said to have occurred on the date stated above, at 3:45 PM

The principal cause of death and related causes of importance were as follows:
Death was due to Angina Pectoris — Date of onset

Other contributory causes of importance: Hypertension — Date of onset

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ainsley Lee Davis M. D.
(Address) 600 Baboock Blvd

M. D. B. 1265-9 E 98246 ✓ E 98246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5404 Dennora Ave 27-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry S. Cole

(a) Residence: No. 5404 Dennora Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of Rosa Cole

DATE OF BIRTH (month, day, year) 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 36

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tool Makers

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) (State or country) Austria

12. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Wm Cook

(Address) 1217 St Paul St

BURIAL, CREMATION, OR REMOVAL

Place Western Date Feb 13 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED FEB 13 1934, 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Gun Shot wound thru heart - Suicide

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2-10- 1934

Where did injury occur? 5404 Dennora Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gun Shot wound.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Thos O'Morrissey M. D.

(Address) 3137 Roland Ave

M. D. B. 1268-E 98247 ✓ E 98247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 N. Fulton Ave 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Oliver Brown

(a) Residence: No. 916 N. Fulton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

6a. If married, widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Margaret E. Brown

6. DATE OF BIRTH (month, day, year) July 25th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United R. R.

10. Date deceased last worked at this occupation (month and year) July 28

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Dolphins Co Pa

13. NAME Frances Brown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Catherine Whalen

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Katherine V. Mitchell

(Address) 916 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 12th 193

19. UNDERTAKER Wm Fox

(Address) 1217 St Paul St

FEB 12 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1928 to Feb 9, 1934

I last saw him alive on Feb 9, 1934 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral Hemorrhage	7/15/28
Cerebral Hemorrhage	11/6/28
Cerebral Hemorrhage	Nov 1933
Other contributory causes of importance:	
Chronic Cystitis	Prob 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Unknown Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Thomas, M. D.

(Address) 1716 E. Preston St

M. D. B. 12-3

E 98248

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98248

CERTIFICATE OF DEATH

Registered No. 0da-0150

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 300 N Highland Ave (St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Isabella Gambrill
(a) Residence: No. 300 N. Highland Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed or divorced, WIFE of (or) HUSBAND of H. Clifford Gambrill

6. DATE OF BIRTH (month, day, year) July 18 1886

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) Feb 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME of Father William C. F. Eiler
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME of Mother Mary E. Haake
16. BIRTHPLACE (city or town) (State or country) Baltimore Md
17. INFORMANT H. Clifford Gambrill
(Address) 300 N. Highland Ave
18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Feb 15 1934
19. UNDERTAKER Wm. Cook Sons
(Address) 1134 E. Fayette St
20. FILED Feb 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20th 1933 to Feb 10th 1934
I last saw h[illegible] alive on Feb 10th 1934 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Sept 1933
Other contributory causes of importance: Cardiac failure	

Name of operation. Removal of L. Breast Date of Sept 22 1933
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Robert B. Kugler M. D.
(Address) 312 Hanford Rd.

Lic. 6317

M. D. B. 1268-B

E 98249

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98249

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3003 Clarvion Ave (St., Ward) 01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elizabeth Powell Shaw

(a) Residence: No. 34 E 27th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William F Shaw

6b. DATE OF BIRTH (month, day, year): May 6, 1849

7. AGE: Years 86 | Months 9 | Days 3 | If LESS than 1 day, hrs. or min. .....

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Capt William Powell

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Mary A Seymour

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Spencer Clarke

(Address) 2537 St Paul St

18. BURIAL, CREMATION, OR REMOVAL: Greenmount Date 1/13/34

Place .....

19. UNDERTAKER: The Leo F Miller Co

(Address) 1324 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/28, 1934, to 1/11, 1934

I last saw her alive on 1/11, 1934, at 3:30 P.M. Death is said to have occurred on the date stated above, at .....

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	(a)
Arteriosclerosis	(b)
Chronic Interstitial Nephritis	(c)
Other contributory causes of importance: Hypostatic pneumonia	1/9/34

Name of operation ..... Date of .....

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clem B. Gudelsky M. D.

(Address) 1031 St Paul St

B12 1934

M. D. B. 1268-9

E 98250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Pine St. 18-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Bay Williams

(a) Residence: No. 929 Pine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 7 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bkry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Jesse Williams

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Natalia Rogers

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ida Scott

(Address) 929 Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 2/12 1934

19. UNDERTAKER Samuel F Hemsley

(Address) 535 N Eden St

20. FILED ... 19... Registrar.

127834

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1934 to Feb 8 1934

I last saw him alive on Feb 8 1934 Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Feb 1934
Other contributory causes of importance: Hypertension Arteriosclerosis Hypertrophy — Renal disease	1931

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. C. Foster M. D.

(Address) 929 Pine St

AACo. 5-31 250M

E 98251 HEALTH DEPARTMENT—CITY OF BALTIMORE E 98251

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 W Lexington St., 18-01 Ward)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harriett Carter

(a) Residence: No. 1008 W Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Carter

DATE OF BIRTH (month, day, year) 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundress

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Princess Anne Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mary F. Lee

(Address) 901 W Mulberry

BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 2/12/ 1934

UNDERTAKER Mrs Ida C. Snowden Caroline & Biddle

(Address)

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1934 to Feb 9, 1934

I last saw h[illegible] alive on Feb 7 1934 death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 1. 34.

Other contributory causes of importance:

Age	

Name of operation None Date of .....

What test confirmed diagnosis? Thyroid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Wright M. D.

(Address) 1209 Preston St

M. D. B. 12

E 98252

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98252

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 W 32nd St St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Ellen Kerschner

(a) Residence: No. 836 W 32nd St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Kerschner

6. DATE OF BIRTH (month, day, year) March 9, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa.
(State or country)

13. NAME Isaac Spangler

14. BIRTHPLACE (city or town) Pa.
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT C Cleveland C Kerschner
(Address) Cumberland, Md

18. BURIAL, CREMATION, OR REMOVAL
Rose Hill, Cumberland, Md Date Feb 12, 1934

19. UNDERTAKER Thanowetzdon.
(Address) 3615 11 Chestnut Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1925, to February 10, 1934

I last saw h... alive on February 6, 1934. Death is said to have occurred on the date stated above, at 4:08 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Liver, Hemorrhage	1927

Other contributory causes of importance:

Carcinoma of Prostate	Unknown
Hypertension	Unknown

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas. P. Reed, M. D.

(Address) 2 E Edmondson Ave.

E 98253 ✓ E 98253

-30—M. & T.—100 B—5[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Puritan St. 13-01 WARD)

2-FULL NAME George W. Cooley

(a) RESIDENCE NO 708 Puritan St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katie E. Cooley

6 DATE OF BIRTH (month, day, and year) March 28, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	72	10	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labour
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER James Cooley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary A. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Katie E. Cooley

(Address) 708 Puritan St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 8, 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John J. Morrissey Coroner M. D.

19 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Feb 12 1934

20 UNDERTAKER Thurnwald Son

ADDRESS 3615 Harford Ave

M. D. B. 1268-9

98254

HEALTH DEPARTMENT—CITY OF BALTIMORE

98254

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 W. Fayette St. S 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna B. Curd

(a) Residence: No. 2210 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Wm. E. Curd

6. DATE OF BIRTH (month, day, year) May 11, 1855.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME John Mason

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Marion Arnold
(Address) 22 S. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 12, 1934

19. UNDERTAKER Harry J. Wittstadt
(Address) 4101 Edmondson Ave.

FILED ..., 19.... Registrar.

B 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1933 to Feb 8, 1934

I last saw h.. alive on Feb 8, 1934 Death is said to have occurred on the date stated above, at 10.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	11/22/33
Other contributory causes of importance: Cardio-Vascular-Renal Disease	1932

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Augustine P. Vandeburgh M.D.

(Address) 4101 Edmondson Ave

E 98255 ✓ E 98255

M. D. B. [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 S Drew St. 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William L Reif

(a) Residence: No. 340 S Drew St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Feb 2-1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Conrad Reif

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

15. MAIDEN NAME Thelma Mark

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Conrad Reif
(Address) 340 S Drew St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Pauls cem. Date Feb 13 1934

19. UNDERTAKER George W. Zinkler
(Address) 1737 E. Eager St.

20. FILED ... 19 ... Registrar

FEB 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb-7-34 to Feb-9-34 1934

I last saw him alive on Feb. 9- 1934 Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Patent foramen ovale	Feb 34

Other contributory causes of importance:

Pulmonary Congestion

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Howard J. Schlinkert M.D.

(Address) 6016 Eastern Ave. Balto.

M. D. B. 1[illegible] E 98256

E 98256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 Beech Ave St., 13-21 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan E. Reeves

(a) Residence: No. 3412 Beech Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: James L. Reeves

6. DATE OF BIRTH (month, day, year): June 10 1856

7. AGE: Years 77; Months 8; Days 1; If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Leonard M. Ryan

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Mary Keller

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Husband Signed Reeves

(Address) 3412 Beech ave.

18. BURIAL, CREMATION, OR REMOVAL: Mary's Church Date Feb 13, 1934

Place .....

19. UNDERTAKER: J. Wallace Irwin

(Address) 3418 Chestnut Ave.

FILED 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 11. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934 to Feb 11 1934

I last saw h[illegible] alive on Feb 10 1934. Death is said to have occurred on the date stated above, at 6 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2 yrs

Other contributory causes of importance:

Senility.

Name of operation: None Date of .....

What test confirmed diagn[illegible] Was other than autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Cronin M. D.

(Address) 612 W 40 St

M. D. B. 1268-9

98257

HEALTH DEPARTMENT—CITY OF BALTIMORE

98257

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. No-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Jackson

(a) Residence: No. 0 None St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L. Jackson

6. DATE OF BIRTH (month, day, year): Nov 27, 1860

7. AGE: Years 73 | Months 2 | Days 14 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

13. NAME: Vinen Jackson

14. BIRTHPLACE (city or town) (State or country): Georgetown

15. MAIDEN NAME: Julia Martin

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Friends

(Address): Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place: Laurel Ridge Date: Feb. 12, 1934

19. UNDERTAKER: Wm. J. Tilkerston

(Address): Noth & Ca Ave.

20. FILED: [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1926 to Feb 10, 1934.

I last saw h. alive on Feb 10, 1934. Death is said to have occurred on the date stated above, at 5-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	?
Myocardial Insufficiency	
& congestive failure	?

Other contributory causes of importance:

Name of operation: Date of: No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I. Rhagel, M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8258 — 97 — Registered No. E 98258

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3802 Barrington St. 15-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edw. Garis.

(a) Residence: No. 3802 Barrington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Clara E. Garis

6. DATE OF BIRTH (month, day, year): Aug. 1, 1861

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Forest Warden

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0.26

12. BIRTHPLACE (city or town) (State or country): Frankstown Md.

13. NAME: George H. Garis.

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown ?

16. BIRTHPLACE (city or town) (State or country): Germany ?

17. INFORMANT (Address): Mrs Clara E. Garis 3802 Barrington Rd.

18. BURIAL, CREMATION, OR REMOVAL: Place Oak Hill Cem. Date Feb 12 1934

19. UNDERTAKER (Address): W. Fickus Sons North & Pennsa Ave

20. FILED FEB 12 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 8. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1934 to Feb 8 1934

I last saw h[illegible] alive on Feb 8 1934. Death is said to have occurred on the date stated above, at 5.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	2-6-34

Other contributory causes of importance:

Senile Senility Hypostasis

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If not specify.

(Signed) [illegible] M. D.

(Address) Fit 0331

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

98259 E98259

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1423 S Hanover St 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred W yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Herman Schmidt Sr

(a) Residence: No. 1423 Hanover St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Carrie R Schmidt

6. DATE OF BIRTH (month, day, year): Sept 13-1866

7. AGE — Years: 70 | Months: 4 | Days: 27 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coffee

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 66

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Henry H Schmidt Jr
(Address) 423 Hanover

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Feb 12 1934

19. UNDERTAKER: H Eggerss & Sons
(Address) North & Fulton

FEB 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 9, 1934.

22. I HEREBY CERTIFY, That I attended deceased from October, 1931 to Feb. 9, 1934

I last saw him alive on Feb 9, 1934, 19 ... Death is said to have occurred on the date stated above, at 11.12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	not known
auricular fibrillation	
Chronic Nephritis	
Other contributory causes of importance: General Anasarca with Ascites, Hydrothorax.	Oct 1933

Name of operation: none Date of:

What test confirmed diagnosis? Clinical signs & symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East west st.

ec—12-9-25—A Co—200 Bks.

98260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 E 98260

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1707 Westwood St. 15-01 Ward)

2-FULL NAME Flavilla Singleton

(a) RESIDENCE NO. 1707 Westwood St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1862

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	72			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer) Home duties

(c) Name of employer none

BIRTHPLACE (city or town) Virginia
(State or country)

10 NAME OF FATHER James Singleton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Flavilla Maddox

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

Informant Ruth Singleton Daughter
(Address) 1707 Westwood Ave.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9th 19 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan-27 1934, to Jan. 29 -, 1934, that I last saw h[illegible] alive on Feb 9th, 1934, and that death occurred, on the date stated above, at 9:10 p m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) age

(duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Coarctation heart beat.

(Signed) Ernest F. Hilton M. D.

19 (Address) 2029 Pa. ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Md Date of Burial Feb 13 19

20 UNDERTAKER V. G. Brooks ADDRESS 1463 N. Carey St

M. D. B. [illegible] E 98261

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98261

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Clifton Ave St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Dora Fligel

(a) Residence: No. 1815 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or WIFE of) Abe Fligel

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER'S MAIDEN NAME

13. NAME Aron Goldstein

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT A. Fligel
(Address) 1815 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 2/12/34

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 19 [illegible] Registrar.

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1934, to Feb. 11th, 1934.

I last saw h[illegible] alive on Feb 11, 1934. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis and myocarditis	?
Other contributory causes of importance:	
Acute cardiac decalalition	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw Place

D. B 1208-9

98262 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 98262

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Aloysius J. Kunkel

(a) Residence: No. Mt. Wilson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Elizabeth

DATE OF BIRTH (month, day, year) May 12/1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Kunkel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Hattie Winner

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT John A. Kunkel
(Address) Mt. Wilson, Md

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem Date Feb 13 1934

UNDERTAKER Henry Heuisler Sons, Inc.
(Address) 1301 E Eager St

FILED 19 Registrar

B 121934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. K. Lacey, M. D.

(Address) 186 E Eager St

M. D. B. 1930 E 98263

HEALTH DEPARTMENT—CITY OF BALTIMORE E 98263

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 10 N Monroe St., 20-01 Ward)

Length of residence in city or town where death occurred 64 yrs. 5 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta Amelia Gail

(a) Residence: No. 10 N Monroe St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Geo. Gail

6. DATE OF BIRTH (month, day, year): May 16th 1864

7. AGE: Years 69 | Months 5 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Edwin L. Pendorf

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Bankmann

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Geo. Gail
(Address): 10 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL: Place Bello Cemetery Date 7/13/34

19. UNDERTAKER: F. A. Wisbrunt Son
(Address): 308 Eutaw Place

20. FILED 7/12/1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10/34

22. I HEREBY CERTIFY, That I attended deceased from May 1 - 1933 to 2/10 1934

I last saw h[illegible] alive on 2/10 1934 Death is said to have occurred on the date stated above, at 2.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	May 33
Metastasis of Ureters, Kidneys and bladder	Nov 33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) 729 Park Blvd

E 98264

E 98264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Union Ave St. 13-01 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Martha J Osborne

(a) Residence: No. 1027 Union Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: WIFE of (or) HUSBAND of Christopher Osborne

DATE OF BIRTH (month, day, year) Feb 16 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co

13. NAME Henry Watts

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah Gadd

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Mrs J M Raimond

(Address) 1027 Union Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arcadia Date Feb 13 1934

19. UNDERTAKER J S Marshall

(Address) 3139 Falls Road

FILED Feb 13 1934 Henriette

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1934 to Feb 9 1934

that saw h.. alive on Feb 9 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	Feb 6

Other contributory causes of importance:

Hemiplegia for 5 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D.

(Address) 6122 York Rd

M. D. B. 1268-A E 98265

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98265

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 Windsor Ave St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth 64 yrs. mos. ds.

2. FULL NAME Mary Veronika Kircher

(a) Residence: No. 3003 Windsor Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W.

5. Single, Married, Widowed, or Divorced (write the word) Widow.

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Godfrey Kircher

6. DATE OF BIRTH (month, day, year) Sept 11-1852

7. AGE Years 81 Months 5 Days - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frederick Bars

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rockmore

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Fred Kircher

(Address) 3003 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cemet Date Feb 14 1934

19. UNDERTAKER Fortmeyer Bros

(Address) 2224 E Baltimore St.

20. FILED FEB 12 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15 1933 to Feb 11 1934

I last saw her alive on Feb 11 1934 Death is said to have occurred on the date stated above, at 9:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ernest N. Palm M. D.

(Address) 3005 W. North Ave.

Spec.—9-30—A. & Co.—250 Blks.

E 98266

E 98266

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1706 John (St.) 14-01 (Ward)

2 FULL NAME Amanda Louisa Stinchcomb

(a) RESIDENCE NO. 1706 (St.) John (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua E. Stinchcomb

6 DATE OF BIRTH (month, day, and year) Oct 6-1848

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Catty Md.

10 NAME OF FATHER John Simmons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER — Schumacher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Emory L. Stinchcomb (Address) 1706 John St.

15 Filed 2/12 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11-1934

17

I HEREBY CERTIFY, That I attended deceased from Jan. 31st 1934 to Feb. 11th 1934

that I last saw h[illegible] alive on Feb. 10th 1934

and that death occurred, on the date stated above, at 6.05 A.M.

The CAUSE OF DEATH* was as follows:

acute Heart Dilatation

(duration) hrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic Chronic nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

Signed J. E. Poulton M. D.

2/11/34 (Address) 3909 Clarendon Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Feb 13 1934

UNDERTAKER Richard E. Fote

ADDRESS 2324 Eagle St.

E 98267

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98267

CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 818 McCulloh St., 11-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Friday

(a) Residence: No. 818 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 10 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	0	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent in this occupation
11. BIRTHPLACE (city or town) (State or country): Balto
12. NAME of father: Foster Friday
13. BIRTHPLACE (city or town) (State or country): S. C.
14. MAIDEN NAME of mother: Maggie Johnson
15. BIRTHPLACE (city or town) (State or country): Balto
16. INFORMANT (Address): Maggie Friday 818 McCulloh
17. BURIAL, CREMATION, OR REMOVAL: Calvary Cem Date 2/15 1934
18. UNDERTAKER (Address): Gerber & Hemsley 518 Druid Hill Ave
19. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 10 1934
22. I HEREBY CERTIFY, that I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 6

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	
2 Days	

Other contributory causes of importance:

Name of operation: Regular Date of
What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Feinblatt Coroner M. D.
(Address) Coroner

D. B. 1268-9

E 98268

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98268

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 20-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Spittel

(a) Residence: No. 2238 Wilkins Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary P. Spittel

DATE OF BIRTH (month, day, year) July 25-1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick - Md

13. NAME Henry A Spittel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Frederika Dorn

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Anna F. Reed

(Address) 2238 Wilkins Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/15 1934

UNDERTAKER Frederick A Cole

(Address) 120 W Lombard St

Registrar.

FILED FEB 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

(a) Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
Coroner

(Address) ...

D. B. 1268-9

98269

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98269

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Dead on arrival at St. Joseph Hospital 9-01 Ward)

ITY OF BALTIMORE: (No. ..... St., ... Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME J. Lawrence Vogt

(a) Residence: No. 2601 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Zora M. Vogt

DATE OF BIRTH (month, day, year) April 26/1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	9	13 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME George Vogt

14. BIRTHPLACE (city or town) (State or country) German

15. MAIDEN NAME Anna Borchering

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Zora M. Vogt
(Address) 2601 Aisquith St

BURIAL, CREMATION, OR REMOVAL
Place Park Wood Date 2/13 1934

UNDERTAKER Frederick A. Cole
(Address) 420 W Lombard St

FILED FEB 12 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chr Myocarditis	? ? ?
(History of Angina)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) 108 E Monument

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98270

E 98270

V 23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward) 29-21

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward F. Kirby

(a) Residence: No. 4126 Fierman Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah R. Kirby

6. DATE OF BIRTH (month, day, year) July 31 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	6	9 ?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Adjuster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P Co 529

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25 Yrs

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas Kirby

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Sarah Horney

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Sarah R. Kirby
(Address) 4126 Fierman Ave

BURIAL, CREMATION, OR REMOVAL Place Balto. Mem. Date Feb 13th 1934

UNDERTAKER Jno. F. Valentine
(Address) 2326 Eutaw St.

FILED 2/21 1934 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8.40 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	about 10 da
Acute Bronchitis	10 da

Other contributory causes of importance:

Chr. Pulmonary Tuberculosis (Inactive)	???

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Bayne M. D.
Attending Physician or Coroner

(Address) 508 6 11 mt Ave

M. D. B. 1268-9

E 98271 HEALTH DEPARTMENT—CITY OF BALTIMORE E 98271

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 1512 Gilmore St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Cristo (Crist)

(a) Residence: No. 731 Wilmer Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary (Supt.) Crist

6. DATE OF BIRTH (month, day, year) Sept 9-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	44	4	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lab

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER FATHER

13. NAME William Crist

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm Crist (Address) 731 Bradley St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Zion Cem Date 2/12 1934

19. UNDERTAKER E. O. Wilson (Address) 1000 Bradley Ave

FILED FEB 12 1934 19.. E. L. Ellis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1934 to Feb 9 1934

I last saw him alive on Feb 9 1934. Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	9 days
Myocarditis	4 weeks

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. C. Marshall M. D.

(Address) 1838 Druid Hill

AaCo. 5-31 250B

E 98272 HEALTH DEPARTMENT—CITY OF BALTIMORE E 98272

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital — Registered No. 121

CITY OF BALTIMORE: (No. ..... St., 23-21 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME George Dukes

(a) Residence: No. 1117 Sharp St. St., ... Ward. (Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of None

DATE OF BIRTH (month, day, year) March 16 19..

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
11	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) S C

13. NAME Julius Dukes

14. BIRTHPLACE (city or town) (State or country) S C

15. MAIDEN NAME Lilly Feldon

16. BIRTHPLACE (city or town) (State or country) S C

INFORMANT Lilly Feldon

(Address) 1117 S Sharp

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb. 1934

UNDERTAKER Isaac L Brown & Son

(Address) 10 & W Montgomery

Station Baltimore, Md.

FILED FEB 12 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1934 to Feb. 8, 1934

I last saw h[illegible] alive on Feb. 6, 1934 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	2-3-34

Other contributory causes of importance:

Generalized Peritonitis	?

Name of operation Appendectomy Date of 2-6-34

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. M. L. Currie M. D.

(Address) South Falls Jen. Hosp.

M. D. H. 1246-9

E 98273

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98273

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 N. Bradford St. St., 8-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hermann Straube

(a) Residence: No. 1606 N. Bradford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia Straube

DATE OF BIRTH (month, day, year) Apr. 15, 1843

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quarry Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Louise Muller,
(Address) 1606 N. Bradford St.

BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Cem. Date Feb.14, 1934

UNDERTAKER Frederick Lassahn Son
(Address) 7401 Belair Road.

FILED 1934 Feb 16 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-17-33, 19 to 2-11-34, 19

I last saw him alive on 2-9-34, 19 Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic asthmatic bronchitis	Several years ago
Other contributory causes of importance: Myocardial insufficiency	2-9-34

Name of operation Date of

What test confirmed diagnosis? Physical signs/ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) I. B. Bronushas M. D.

DR. I. B. BRONUSHAS, M. D.

(Address) 3037 O'DONNELL ST.

M. D. Records

E 98274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98274

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3033 Hudson St., 1-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ida Goldstein

(a) Residence: No. 3033 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Late Joseph

7. DATE OF BIRTH (month, day, year): 1869

8. AGE: Years 65 | Months — | Days — | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Abraham Tishler

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Gitel Tishler

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Joseph Golden

(Address) 3033 Edmondell st

18. BURIAL, CREMATION, OR REMOVAL

Place: Forestdale Cemetery Date: Feb 12 1934

19. UNDERTAKER: Aaf Levinson + Bro

(Address) 1122 Baltimore st

20. FILED: Feb 13 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1933, to February 12, 1934

I last saw her alive on Febr. 11, 1934. Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributary causes of importance:

Not Known

Name of operation: none Date of

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury: injury Violence

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Jos. A. Rombladt, M. D.

(Address) 3018 O'Donnell St. Baltimore, Md.

M. D. B. 1210 E 98275

E 98275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Kaplan

(a) Residence: No. 32 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rubin

7. DATE OF BIRTH (month, day, year): 1893

AGE — Years: 41 — Months: — — Days: — — If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0?

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Joseph Mechanic

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Anna

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Rubin Kaplan

(Address) 32 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Rd. Date Feb 12 1934

19. UNDERTAKER: for Levinson Bro

(Address) 1127 E Balto St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1934 to Feb. 11 1934

I last saw her alive on Feb. 11 1934. Death is said to have occurred on the date stated above, at 11⁴⁰ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic Nephritis	

Other contributory causes of importance:

Chronic Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Weiner M. D.

(Address) Sinai Hospital

M. D. B. E 98276 E 98276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (TV.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-d Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy Jones

(a) Residence: No. 1625 W. Lanvale st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Jones

6. DATE OF BIRTH (month, day, year) March 2, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Birmingham (State or country) Alabama

13. NAME Sam Patten

14. BIRTHPLACE (city or town) Birmingham (State or country) Alabama

15. MAIDEN NAME Fanny Johnson

16. BIRTHPLACE (city or town) Birmingham (State or country) Alabama

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 2/12 19 34

19. UNDERTAKER Rayon Sanders
(Address) 1413 E. Preston St

Huntington Williams, Registrar.

20. FILED 2-12-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 34

22. I HEREBY CERTIFY, That I attended deceased from May 9 19 33 to February 9 19 34

I last saw her alive on February 9 19 34 Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. 12 E 98277

E 98277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1633 Montpelier St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa M. Siebert

(a) Residence: No. 1633 Montpelier St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Siebert

6. DATE OF BIRTH (month, day, year) Jan 11 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Albert Sachs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Feige

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Chas Frick

(Address) 1633 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mathews Date Feb 12 1934

19. UNDERTAKER Philip Henry & Sons

(Address) 2016 Eutaw St

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1934, to Feb 8, 1934

I last saw her alive on Feb 8, 1934. Death is said to have occurred on the date stated above, at 5 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Infirmities	

Other contributory causes of importance:

Unimproved Kyphosis	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

n/a If so, specify

(Signed) R. O. Carman, M. D.

(Address) 1701 N Carlton st

M. D. B 1268-0

E 98278

HEALTH DEPARTMENT—CITY OF BALTIMORE

98278

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2137 Linden Ave. St. 13-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William S. Smith

(a) Residence: No. 2137 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah E. Hughes

7. DATE OF BIRTH (month, day, year) Oct. 10. 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Claim Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.F.& G. 686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. mD.

13. NAME James R. Smith

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

15. MAIDEN NAME Frances Walker

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Hannah E. Smith

(Address) 2137 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Rock Run-Harford Co. Feby 13, 34

19. UNDERTAKER John O. Mitchell Sons Inc

Address 2900 Eutaw Place

Date 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 11. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934 to Feb 11, 1934

I last saw him alive on Feb 10, 1934 Death is said to have occurred on the date stated above, at 3.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 1-34
Other contributory causes of importance:	
Myocarditis	?
Pulmonary Edema	Feb 8-34

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wethered Fort- M. D.

(Address) 208 E. Preston St.

M. D. B. 1268-9

E 98279

8279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Lucas

(a) Residence: No. 548 Canal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Lucas (Sep)

6. DATE OF BIRTH (month, day, year) Nov 13. ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 ?	2 3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME John Lucas

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Lizzie Ann

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Friends

(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date Feb 12 19 34

19. UNDERTAKER Dennis Chas Heath

(Address) [illegible]

20. FILED Feb 12 1934 [illegible] Registrar.

0109

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1. 1933 to Feb 8 1934

I last saw him alive on Feb. 8 1934 Death is said to have occurred on the date stated above, at 2.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Meningo vascular Syphilis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magill M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-0

98280

E 98280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH Franklin Sq. Hosp. 2-9-34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Trumble

(a) Residence: No. 1611 Everall ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

6a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-9-34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (d)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation — | 11. Total time (years) spent in this occupation —

PARENTS

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Milton Leroy Trumble

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Loretta Marie Bochese

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT mother
(Address) Balto. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 12 , 19 34

19. UNDERTAKER
(Address)

20. 1034 Hampton Williams M.D. Registrar.
0111

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11 , 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-9 , 1934 to 2-11 , 1934.

I last saw him alive on 2-11 , 1934. Death is said to have occurred on the date stated above, at 9:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immaturity	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) S. Rubin M. D.

(Address) Franklin Sq. Hosp.

M. D. B. 1268-9

E 98281

98281 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

107-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2701 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur E Hall

(a) Residence: No. 6310 Stanford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16 - 33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2 2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Arthur E Hall

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Ann Casper

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Arthur E Hall
(Address) 6310 Stanford Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 13 1934

19. UNDERTAKER Martin W. E. Dippold Inc
(Address) 27 E. Lanvale St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12/ , 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-7 1933 to 2/12/34 19... I last saw h.. alive on 2/12/34 19... Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/2/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Samuel Kagan M. D.

(Address) [illegible]

M. D. P. 1268-9

E 98282

8282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 East 36th St., 9-01 Ward)

Length of residence in city or town where death occurred 82 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Lena Lentz,

(a) Residence: No. 622 East 36th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Lentz,

6. DATE OF BIRTH (month, day, year) March 2.1851

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	82	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Wagner,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Wagner,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hubert Lentz
(Address) 622 East 36th St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date FEB 13 1934

19. UNDERTAKER Robert S. Tittle
(Address) 2700 Edmondson Ave

20. FILED FEB 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1934 to Feb 10 1934

I last saw her alive on Feb 10 1934 Death is said to have occurred on the date stated above, at 4:06 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia —	1/27/34
Cerebral Hemorrhage —	2/5/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

2/17/34 (Signed) A Kelly Hennig M. D.
(Address) 2000 Fallsway

M. D. B. 1268-9

E 98283

98283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanitarium St. 17-01 Ward)

Length of residence in city or town where death occurred About 80 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Eleanora Scherer.

(a) Residence: No. Ambassador Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ----------

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 80	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Christopher Scherer -

14. BIRTHPLACE (city or town) ------
(State or country) Germany

MOTHER

15. MAIDEN NAME Christina ~~Scherer~~ Fisher

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Miss Clara P. Scherer
(Address) 1729 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 2/13 19 34

19. UNDERTAKER Henry W. Meats and Son
(Address) 805 N. Calvert Street

20. 2 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1933 to Feb 11 1934

I last saw h[illegible] alive on Feb 4 1934 Death is said to have occurred on the date stated above, at Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis.	6 [illegible] yrs
Other contributory causes of importance:	
Fracture L. Hip -	Dec 16-33

Name of operation — Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Slipped on floor at home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert W Johnson Jr. M. D.

(Address) 4 E. Madison St.

A&Co. 5-31 250B

E 98284

98284 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4500 Penhurst ave St., 28-01 Ward)

Length of residence in city or town where death occurred 63 yrs. 2 mos. 14 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Forsyth Stokes

(a) Residence: No. 4500 Penhurst St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maurice K Stokes

DATE OF BIRTH (month, day, year) Nov 27 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME David J. Forsyth

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Josephine Sees

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Maurice K. Stokes

(Address) 4500 Penhurst ave

BURIAL, CREMATION, OR REMOVAL

Greenmount Cemetery Date Feb 13, 1934

UNDERTAKER Chas. S. Black

(Address) 741 W. Fayette ave

FILED Feb 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1933, to Feb 10, 1934

I last saw h.. alive on Feb 10, 1934, death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency, chronic	about 2 yrs ago
Other contributory causes of importance: Arterio sclerosis	about 3 yrs ago

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical signs and symptoms. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. T. Stemmell, M. D.

(Address) 3310 Tioga Parkway

M. D. B. 1268-9

E 98285

98285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 124-002

1. PLACE OF DEATH Harp - fan Women's Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14th Ward)

Length of residence in city or town where death occurred 0 yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Lanetta Reynolds Williams

(a) Residence: No. 15 N. Main St., ... Ward. Reisterstown, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Williams

7. DATE OF BIRTH (month, day, year) Sept. 10, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

13. NAME John Reynolds

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mollie Keene

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT John H Williams
(Address) Reisterstown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 13 1934

19. UNDERTAKER John J. Emmy Long Inc
(Address) 2218 Greene St.

20. FILED ... 19... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1934 to Feb 11, 1934

I last saw h.e alive on Feb 11 1934 Death is said to have occurred on the date stated above, at 2.27 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis (B. coli)	Jan 1934
Septicaemia (B coli)	Feb 1934
Kidney, abscess, multiple	?

Other contributory causes of importance:

Bronchopneumonia	Feb 5, 1934
Cirrhosis of liver	1932 ?

Name of operation — Date of ...

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. Ellen Deckert M. D.

(Address) Womans Hospital

E-98286

Z. D. B. 1268-9

38286 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 N. Calvert St., 11-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME H. Arthur Stump

(a) Residence: No. 1034 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie T. Riegel Stump

DATE OF BIRTH (month, day, year) February 13, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Associate Judge of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supreme Bench of Balto.
10. Date deceased last worked at this occupation (month and year) Feb. 1934
11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (city or town) (State or country) Perry Point, Cecil Co. Maryland

13. NAME John Stump

14. BIRTHPLACE (city or town) (State or country) Perry Point, Cecil Co. Maryland

15. MAIDEN NAME Mary Alicia Mitchell

16. BIRTHPLACE (city or town) (State or country) Cecil County Maryland

INFORMANT Mrs. Carrie T. R. Stump
(Address) 1034 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL
Place Stump Burying Ground Churchville, Md. Date Feb. 13, 1934

UNDERTAKER Joseph J. Cook
(Address) 1003 W. Baltimore St.

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 14 - 1933 to February 10 1934
I last saw him alive on February 10 1934. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Intestines — Date of onset 1933

Other contributory causes of importance:

Obstruction Carcinoma of Bowel — Date of onset Aug-1933

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? NA

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Thos. E. Satchell, M. D.

(Address) 2112 Maryland Ave.

E 98287

H. D. B. 1268-9

98287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2652 Dulaney St. 20-21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie L. Copeland

(a) Residence: No. 2652 Dulaney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 14, 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Townsend Grace Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Straw Hat (Worker)

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 6?

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Philip D. Copeland

14. BIRTHPLACE (city or town) London County
(State or country) Virginia

15. MAIDEN NAME Elizabeth Weddell

16. BIRTHPLACE (city or town) Thurmont
(State or country) Maryland

INFORMANT Miss Maude Copeland
(Address) 2652 Dulaney Street

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Feb. 14 1934

UNDERTAKER Wm. H. Cook
(Address) 1005 W. Baltimore St.

FILED 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 Jan 1934 to 11 Feb 1934

I last saw her alive on 11 Feb 1934 Death is said to have occurred on the date stated above, at 7.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	29 Jan'34
Other contributory causes of importance: Myocarditis	1930

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernice Hooper M. D.

(Address) 2565 Frederick Ave.

E 98288

HEALTH DEPARTMENT—CITY OF BALTIMORE

98288

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen'l St., 16-01 (Ward)

Length of residence in city or town where death occurred yrs mos da How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wilbur Hutchinson

(a) Residence: No. 818 Edmondson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 2 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57		9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamer 030

10. Date deceased last worked at this occupation (month and year) Feb 1

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wm L Hutchinson

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Virginia Pahnke

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Wm Hutchinson

(Address) 704 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park. Date Feb. 13- 1934

19. UNDERTAKER Charles J. Schwab.

(Address) 503 N. Monroe St.

20. FILED Feb 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension Heart Disease	4 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) Balto

Spec.—1-10-21—M&T—1500 Blks.

98289 E 98289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 186-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Edgehurst Rd ST. 27-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa E Brooks

(a) RESIDENCE NO. 4300 Edgehurst Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: William J Brooks

6 DATE OF BIRTH (month, day, and year): May 25 1856

7 AGE: Years 78 Months 8 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Ambrose B West

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Ida M. Carey 4300 Edgehurst Rd Huntington Woods Md

FEB 2 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-11 1934

17 I HEREBY CERTIFY, That I attended deceased from 2-8 1934 to 2-11 1934,

that I last saw her alive on 2-11 1934,

and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Fall on wiving R. pl. Dislocating L Hip "Shock (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Bernard S. French M.D. M. D.

2/17, 1934 (Address) 2379 Annapolis Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: Feb 13 1934

20 UNDERTAKER: A. Howard Evans

ADDRESS: 35 E Fort Ave

Z. D. B. 1268-9

E 98290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98290

93-003

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1017 Hillmon St., 10-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Conklin

(a) Residence: No. 1017 Hillmon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter F. Conklin

DATE OF BIRTH (month, day, year) Dec. 22, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) England

13. NAME Andrew Geney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Walter C. Conklin

(Address) 1017 Hillmon St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Feb 14, 1934

UNDERTAKER Chas. H. Eyerly & Son

(Address) 1711 Pennsylvania Ave

FILED 2 1934, 19 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11/34 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , saw h alive on , 19 Death is said to have occurred on the date stated above, at A. M. m

The principal cause of death and related causes of importance were as follows:

Probably Chr Myocarditis — Date of onset: ? ? yrs

Other contributory causes of importance: History of Dropsy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. J. Kane Coroner, M. D.

(Address) 508 E Fayette

E 98291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98291

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 405 Asgmith St 5-01 WARD)

2-FULL NAME John T. Jordan

(a) RESIDENCE. NO. 405 Asgmith St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 19 1871

7 AGE: Years 62 Months Days 1 day If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore 074

(b) General nature of industry, business, or establishment in which employed (or employer) Long Shoreman

(c) Name of employer Atlantic Transport

9 BIRTHPLACE (city or town) (State or country) West Indies

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Annie Langley
(Address) 415 E. Centre St

15 Date received FEB 12 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 11 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept 12 1930 to Feb 11 1934 that I last saw h[illegible] alive on 10 February 1934 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) General Arterio Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Viewed Body

(Signed) H. C. Garrett, M. D.

19 (Address) 1740 E Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem

DATE OF BURIAL: Feb 14 1934

20 UNDERTAKER: Wm J. H. Locke

ADDRESS: 1352 Pine

Spec.—1-10-21—M&T—1500 Bks E 98292

HEALTH DEPARTMENT—CITY OF BALTIMORE E 98292

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 507 N. Central Ave ST., 5-06 WARD)

2-FULL NAME John Edward Fisher Sr.

(a) RESIDENCE NO. 507 N Central Ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. 43yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Lilly S. Fisher

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sorter 086

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Yard.

(c) Name of employer Benjamin Lumber Co. Linkwood Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER James Fisher

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Mrs Lilly S Fisher (wife) (Address) 507 N Central Ave

15 Filed [illegible] 19 [illegible] Registrar

FEB 12 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1933, to Feb 9, 1934, that I last saw h~~im~~ alive on Feb 8, 1934 and that death occurred, on the date stated above, at 11[illegible] P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Gastric

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Metastatic to Liver

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Sperling, M. D.

2/10 1934 (Address) 1424 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Chapel Loch Raven

DATE OF BURIAL Feb 13 1934

20 UNDERTAKER Mrs J Locks

ADDRESS 1302 Jefferson

D. H. 12 E 98293 E 98293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 634 Sterling St., 5-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Elizabeth Jones

(a) Residence: No. 634 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of James M. Jones

DATE OF BIRTH (month, day, year) 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	63			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

8. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Caroline Co., Md.

9. NAME: Thomas Jennings

10. BIRTHPLACE (city or town) (State or country): Talbott Co., Md.

12. MAIDEN NAME: Charlotte A. Lewis

13. BIRTHPLACE (city or town) (State or country): Caroline Co., Md.

INFORMANT: James M. Jones

(Address): 634 Sterling St

BURIAL, CREMATION, OR REMOVAL

Place: Asbury Bur. Date: 2-14 19 34

UNDERTAKER: Wm. C. Ezzo & J. Bailey

(Address): 1421 Jefferson St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardiac Embolism	

Other contributory causes of importance:

Cancer of Breast	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. Ballou M. D. Coroner

(Address) 5-08 E Monument

M. D. B. 1268-0

E 98294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98294

124-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 10-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Leo O'Donnell

(a) Residence: No. 1134 Homewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 12, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 09

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John O'Donnell

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Annie Devlin

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemetery Date 2-13-34 19

19. UNDERTAKER Wendell & Humphreys (Address) 501 N Eutaw St

FILED FEB 13 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1934 to Feb 11, 1934

I last saw him alive on Feb 11, 1934 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	4 wks

Other contributory causes of importance:

Cirrhosis of Liver ?	?

Name of operation ..... Date of ..... Gio

What test confirmed diagnosis? ..... Was there an autopsy? ..... No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I. P. Nagel M. D.

(Address) Balt. City Hosp.

M. D. B. 126 E 98295

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98295

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3621 Glengyle Ave St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Belle Bernei Austrian

(a) Residence: No. 3621 Glengyle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Austrian

6. DATE OF BIRTH (month, day, year) Mch. 4, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Seligman Bernei

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Steinhart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Charles Austrian
(Address) 1417 Eutaw Place.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date Feb. 13 1934

19. UNDERTAKER David Sondheimer Son
(Address) 1902 Eutaw Place.

20. FILED 13 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11 1934

22. I HEREBY CERTIFY, That I attended / deceased from January 31 1934 to February 11 1934

I last saw her alive on February 11 1934. Death is said to have occurred on the date stated above, at 12³⁰ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Anginapectoris	1929
Myocardial degeneration	1931
Thrombosis Coronary artery	Dec 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles Austrian M. D.

(Address) 1417 Eutaw Place

M. D. B. No. E 98296 ✓ E 98296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ADAM ZAYENKAVSKAS

(a) Residence: No. 639 W Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Zayenkauskas

DATE OF BIRTH (month, day, year) 12. 1884

AGE 50	Years	Months	Days	If LESS than 1 day, hrs. or min.
	*	*		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 68

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithvania

13. NAME Joseph Zayenkavskas

14. BIRTHPLACE (city or town) (State or country) Lithvania

15. MAIDEN NAME Anastzia Zilinckas

16. BIRTHPLACE (city or town) (State or country) Lithvania

17. INFORMANT A. Zayenkavskas
(Address) 637 W Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 14. 19 34

19. UNDERTAKER John Grebliauckas J.G.
(Address) 423 S Paca St.

20. FILED FEB 13 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 . 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Kidney	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address) 3057 Fallsway

M. D. B. 68-5 E 98297 ✓ E 98297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 Dover St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME GEORGE GAVULIS

(a) Residence: No. 118 DOVER St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of E. Gavulis

6. DATE OF BIRTH (month, day, year) No. 1864

7. AGE 70 Years	* Months	* Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithvania

MOTHER FATHER

13. NAME No.

14. BIRTHPLACE (city or town) (State or country) Lithvania

15. MAIDEN NAME No.

16. BIRTHPLACE (city or town) (State or country) Lithvania

17. INFORMANT E. Gavulis
(Address) 118 Dover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 13. 19 34

19. UNDERTAKER John Grebliauckas JG.
(Address) 423 S Paca St.

20. FILED Feb 13 1934 Hinton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/23 1932 to 2/7 1934

I last saw him alive on 2/7 1934 Death is said to have occurred on the date stated above, at 10 P. m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx	1932
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph A. Benesano M. D.

(Address) 37 S. Stricker St

M. D. B. 1268-a E 98298

✓ E 98298

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Towson St. 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johannah Danglit

(a) Residence: No. 1300 Towson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Danglit

6. DATE OF BIRTH (month, day, year): June 28. 1863

7. AGE: Years 70 | Months 7 | Days 13 | If LESS than 1 day, ... hrs. or ..... min. 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: John Kow Kotoski

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Frederk Danglit

(Address) 1300 Towson St

18. BURIAL, CREMATION, OR REMOVAL

Place Sinai Cem. Date Feby 14 1934

19. UNDERTAKER: John Fuchs

(Address) 2108 Edgar

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11/1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1934 to Feb. 11 1934

I last saw her alive on Feb. 11 1934 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency & Pneumonia	

Other contributory causes of importance:

Acute Uremia	2 days

Name of operation None Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benjamin Fuller M. D.

(Address) 2030 Wilkens Ave

M. D. B. E 98299 ✓ E 98299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S. Conkling St. St. 26-01 Ward)

Length of residence in city or town where death occurred 79 yrs. 6 mos. 23 da. How long in U. S. If of foreign Birth? yrs. mos. da.

2. FULL NAME Mary C. Thomas

(a) Residence: No. 204 S. Conkling St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Luther James Thomas

7. DATE OF BIRTH (month, day, year) July 15, 1854

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	23	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Joseph Arnett

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary C. Wheatley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James Thomas
(Address) 204 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Feb. 14, 1934

19. UNDERTAKER John Ulrich & Sons
(Address)

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 to 2/10 1934 that I last saw h alive on 2/10 1934 death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Chr Int Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr. Lutz M. D.

(Address) 3373 E. Baltimore St

M. D. B. 1268-9

E 98300

HEALTH DEPARTMENT—CITY OF BALTIMORE

98300

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Meyer Wolpert

(a) Residence: No. 3417 Bonner Road St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jennie

6. DATE OF BIRTH (month, day, year): 1893

7. AGE: Years: 41 | Months: — | Days: — | If LESS than 1 day, hrs. or min.: —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Abner Wolpert

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Bluma Goetz

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Jennie Wolpert 3417 Bonner Road

18. BURIAL, CREMATION, OR REMOVAL: Place: Jewish Southern Cem Date: 2/13/1934

19. UNDERTAKER (Address): Fol LeVinson & Bro 1127 E Balto St.

FEB 13 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/12/34. 19

22. I HEREBY CERTIFY, That I attended deceased from 2/11/34. 19 to 2/12/34. 19

I last saw him alive on 2/12/34. 19 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Hemiplegia — Date of onset 2/9/34

Other contributory causes of importance: Hypertension Purpura

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) S. Lazarus M. D.

(Address) Sinai Hospital

M. D. E 98301 ✓ E 98301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Aloysius Joseph Draneff

(a) Residence: No. Valley Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Draneff

DATE OF BIRTH (month, day, year) Jan 24 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sailor

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Michael Draneff

14. BIRTHPLACE (city or town) (State or country) Ukraine

15. MAIDEN NAME Anna Mosey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary Ucock
(Address) Mercy Hospital Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Date 2/14/24

19. UNDERTAKER Wm Medefer & Son
(Address) 117 Greenmount Ave

20. FILED 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1924

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1924 to Feb 12 1924

I last saw h. alive on Feb 11 1924. Death is said to have occurred on the date stated above, at 12½ m.

The principal cause of death and related causes of importance were as follows:

Infected decubitus Left Leg. — Date of onset 1-11-24

Other contributory causes of importance: Arteriosclerotic Cardio vascular renal disease Coronary

Name of operation Amputation Date of 1-31-24

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. F. Fullerton M. D.

(Address) Mercy Hospital Balto. Md.

M. D. B. 12 E 98302 ✓ E 98302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name) Lakeside Asylum of the Jews St., 10-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Sutherland

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Doctor Jacob Sutherland

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Gomely

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Anne Goodrich

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Superintendent, Sup.
(Address) The Sisters of the Poor—Lakeside

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb 13 1934

19. UNDERTAKER Ursa Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12 - 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Feb 12th 1934

I last saw her alive on Feb 10th 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	?
Arteriosclerosis	?
Chronic Myocarditis	?

Other contributory causes of importance:

Asthma	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Emil Sachs, M. D.

(Address) 111 E Lexington

D. B 12

E 98303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98303

186-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital 18-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Scott

(a) Residence: No. 933 ½ Mulberry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Scott

7. DATE OF BIRTH (month, day, year) Nov 19-1884

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	2	20	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Celia Brooks

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Deborah Sanderford

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary Keys 924 Amity St.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Feb 13, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 3 22 E. School Lane St.

20. FILED Feb 13 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull & Cerebral Hemorrhage	Feb 5th 1934

Other contributory causes of importance:

Name of operation Autopsy Date Feb 8-34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 5, 1934

Where did injury occur? 2428 Arunah Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fall

Manner of injury Broken Vertebra

Nature of injury Fall down steps

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Joseph L. Valentine M. D.

Coroner

(Address) 16 50 Reporting.

D. B. [illegible]-8 E 98304

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98304

CERTIFICATE OF DEATH

194-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George McKenny.(C)

(a) Residence: No. 111 N. Eden St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Marred

If married, widowed, or divorced: HUSBAND of Ella. McKenny.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	----	----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber yard.

10. Date deceased last worked at this occupation (month and year) Feb. 8, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME George McKenny.(C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Sarah ----(C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

INFORMANT Ella McKenny.(C) wife.

(Address) 111 N. Eden St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Feb. 13, 1934

UNDERTAKER Mrs Kate R. Williams

(Address) 322 E. Lafayette Ave

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull.	
Caught under a falling lumber pile.	
Occidental death.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2/8/34, 19...

Where did injury occur? 121 East St. Md. Lumber Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry.

Manner of injury Caught under lumber pile.

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify ...

(Signed) Otto M. Reinhardt Coroner, M. D.

2/12/34 Address 1017 N. Charles St.

D. H. 1918-9

E 98305

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98305

CERTIFICATE OF DEATH

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-06 Ward)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Milton Strong

(a) Residence: No. 3 1/2 E. Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Strong

DATE OF BIRTH (month, day, year) June 10-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) York, Pa

13. NAME John M. Strong

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Mary A. Gotwals

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Mrs M. A. Strong

(Address) 3 1/2 E. Lexington St.

BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Cem. Date Feb 15. 1906

UNDERTAKER C. D. Marshall

(Address) 3337 Falls Rd.

FILED ..... 19.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12. 1906

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

E 98306

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98306

180

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 570 Wilkens St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pete Santiago.

(a) Residence: No. 570 Wilkens St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

DATE OF BIRTH (month, day, year) Feb 27-1928

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Martina Santiago

16. BIRTHPLACE (city or town) (State or country) Spain.

INFORMANT Martinia Santiago

(Address) 570 Wilkens

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 2/13 1934

UNDERTAKER John F. Gallagher

(Address) 1318 Light St.

FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw him alive on January 30th Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation and 2 & 3rd degree burns	

Other contributory causes of importance Disease on fire from catholic church

Name of operation ..... Date of .....

What test confirmed diagnosis Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 9 1934

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. C. Link Coroner, M. D.

(Address)

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

98307 E 98307

CERTIFICATE OF DEATH

11-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N. Mount St., 16 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Ray

(a) Residence: No. 920 N. Mount St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

M	4. Color or Race: C.	5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fitter 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Dennis Ray

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie Murray

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm. E. Hammond

(Address) 1313 Winchester St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Feb 14 19 33

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10/34

22. I HEREBY CERTIFY, That I attended deceased (from 2/9/34 to 2/10/34)

I last saw h[illegible] alive on 2/10/34 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2/5/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If not, specify ...

(Signed) W. B. Hawkins M. D.

(Address) 912 Eilers St

M. D. B. 1268-9

Mahl

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98308

CERTIFICATE OF DEATH

E 98308

117-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Whitelock St. 16-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Mahl

(a) Residence: No. 1719 Whitelock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lorenz Mahl

6. DATE OF BIRTH (month, day, year) 1881 -

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Knitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 070

10. Date deceased last worked at this occupation (month, day, year) 1/15/24

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Bitner Tanner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Enoch Mahl
(Address) 1719 Whitelock St

18. BURIAL, CREMATION, OR REMOVAL Place Friendship Md Date Feb 13 1924

19. UNDERTAKER Thomas E. Kelson
(Address) 1323 Pennsylvania Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10/24

22. I HEREBY CERTIFY, That I attended deceased from 1/16/24 19.... to 2/10/24 19.... I last saw h.. alive on 2/9/24 19.... Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/24

Other contributory causes of importance:

Jaundice Ulcer

Name of operation Removal Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address)

M. D. B. 1268-9

3309 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 98309

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Good Shepherd Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 22-01 St., Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Jones

(a) Residence: No. 527 E China St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 5, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Fanny Jones
(Address) 1008 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 14 1934

19. UNDERTAKER Thomas E. Kelly
(Address) 1303 Pressman St.

20. FILED Feb 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1934 to Feb 11 1934

I last saw h.. alive on Feb 11 1934. Death is said to have occurred on the date stated above, at 2:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 months
Interstitial Nephritis	2 months

Other contributory causes of importance:

Chronic pulmonitis	Indefinite
Arterio sclerosis	Indefinite

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert E. Brown M. D.

(Address) 1023 N. Stricker St.

M. D. B 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

310 E 98310

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 826 Franklin St. 18 Ward)
Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Augustus
(a) Residence: No. 826 Franklin St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~housework~~
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME —
14. BIRTHPLACE (city or town) (State or country) —
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Stella Augustus
(Address) 826 Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 2-13 19 34

19. UNDERTAKER Durst Easton
(Address) 826 Fr

20. FILED FEB 13 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 19 33 to Feby 11 19 34
I last saw her alive on Feby 11 19 34 Death is said to have occurred on the date stated above, at 10.05 A.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
1. Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank E Hillis M. D.
(Address) 67 E Lafayette

E 98311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98311

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer Walter Wunsch

(a) Residence: No. 1507 O'Dell St., 1350 E Baltimore Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dorothy Wunsch

DATE OF BIRTH (month, day, year) July 23 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	6	08	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Fred L. Wunsch

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Lillian M Murphy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Fred L Wunsch

(Address) 1507 O'Dell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Feb 14, 1934

19. UNDERTAKER Philip Davis & Son

(Address) 2200 Eastern Ave

FILED Feb 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatal Shot wound of Lungs	
Suicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Feb 10, 1934

Where did injury occur? 1350 E Balto (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fatal shot wound

Nature of injury Hemorrhage & Inflation

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Kreiger M.D. M. D. Coroner

(Address) 1350 Eastern Ave

E 98312

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98312

89-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Presbyterian E. & E. Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. 1017 E. Baltimore ST.: 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda R. Kellman

(Residence in Baltimore: No. 1509 Falbrook St. St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~. (Write the word.) Married

6-DATE OF BIRTH. March (Month) 14 (Day), 1892 (Year)

7-AGE. 41 yrs. 11 mos. 27 da.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) ~~Trade, profession, or particular kind of work~~ 37
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

9-BIRTHPLACE, (State or Country), Baltimore - Md.

PARENTS.

10-NAME OF FATHER, Otis P. Collier

11-BIRTHPLACE OF FATHER (State or Country), Baltimore, Md.

12-MAIDEN NAME OF MOTHER Mary V. Ward

13-BIRTHPLACE OF MOTHER (State or Country), Baltimore, Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Edith C. Dallam (Sister)

(Address) 4209 Nicholas Ave.

15- Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. February (Month) 11 (Day), 1934 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug. 29 1933, to Feb. 11 1934, that I saw h~~e~~r alive on Feb 10 1934, and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

~~Pneumonia~~

(Duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Myocarditis

(Duration) yrs. 10 mos. da.

(Signed) Harry R. Hardy M. D.

Feb. 11, 1934 (Address) 1011 E. 33rd St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....da. In the State ....yrs. ....mos. ....da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Pk. DATE OF BURIAL. Feb. 14 1934

20-UNDERTAKER Philip Herwig Sons ADDRESS 2016 Orleans St

M. D. E 98313

E 98313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Cecilia Schubert

(a) Residence No. 28 Wheeling St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard Schubert

6. DATE OF BIRTH (month, day, year) May 9 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Joseph Bardy

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Priscilla Weller

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt City Hospitals

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Olivet, Balt Co. Date Feb 14, 1934

19. UNDERTAKER Philip Henry Sons (Address) 216 E. Lexington St.

20. FILED FEB 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1934 to February 11, 1934

I last saw her alive on Feb. 11, 1934. Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Uremia	3 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Nagel, M. D.

(Address) Balt City Hosp

E 98314

E 98314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carter, Jennie

(a) Residence: No. 3318 Spaulding Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of John M. Carter

6. DATE OF BIRTH (month, day, year) Nov 12th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Berta C. Johanson Ko

(Address) 1216 Bolton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 14th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1934 to Feb. 12 1934

I last saw her alive on Feb. 12 1934 Death is said to have occurred on the date stated above, at 12 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Caecum	Unknown
Intestinal Obstruction	Feb 9, 34
Other contributory causes of importance: Post-Operative Shock	Feb 9, 1934

Name of operation 1. Appendectomy 2. Laparotomy Date of Feb. 5, 1934

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan Rocusin M. D.

(Address) Franklin Square Hospital

M. D. B. 1268-9

98315 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 98315

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Brown

(a) Residence: No. 2641 Eastern Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma Brown

6. DATE OF BIRTH (month, day, year) May 12, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry Brown

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Margaret Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Feb 15th 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED FEB 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1934 to Feb 12 1934

I last saw h[illegible] alive on Feb 12 1934 Death is said to have occurred on the date stated above, at 1:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident, left hemiparesis right	9 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) I Bhagat M. D.

(Address) Balt City Hosp

E 98316

M. D. B. 1268-9

98316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Musgrave Pugh

(a) Residence: No. 3430 E. Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married (Sep.)

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Edna Pugh

6. DATE OF BIRTH (month, day, year): 5 / 24 / 1875

7. AGE — Years: 58 | Months: 9 | Days: 16 | If LESS than 1 day, hrs. or min.: 13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ? 062

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

13. NAME: ? ?

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

15. MAIDEN NAME: Jane Eagles

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Balto City Hospt Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place: Oak Lawn Date: Feb 13 1934

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED: FEB 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2 - 11 - 1934

I HEREBY CERTIFY, That I attended deceased from 2 - 9 - 1934 to 2 - 11 - 1934

I last saw him alive on 2 - 11 - 1934 Death is said to have occurred on the date stated above, at 1:05 pm

The principal cause of death and related causes of importance were as follows:

(1) Rheumatic Heart disease with

(2) Cardiac Decompensation

(3) Myocardial Failure, terminal

Other contributory causes of importance: None

Date of onset
?
1 yr

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert J. Reedy, M. D.

(Address) Balto City Hosp

M. D. B. 1268-B

98317 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 98317

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) The Garden Apts 12-01 (Ward)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. Wilmer Brinton — 79 10 28

(a) Residence: No. The Garden Apts St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Katharine Buck Brinton

6. DATE OF BIRTH (month, day, year): March 15 1854

7. AGE — Years: 79 | Months: 10 | Days: 28 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Medicine
10. Date deceased last worked at this occupation (month and year): Feb 1934
11. Total time (years) spent in this occupation: 55 yrs

12. BIRTHPLACE (city or town) (State or country): West Chester Penna.

13. NAME: Alban Brinton
14. BIRTHPLACE (city or town) (State or country): West Chester Penna
15. MAIDEN NAME: Mary E. Crouch
16. BIRTHPLACE (city or town) (State or country): ...

17. INFORMANT: Mrs Katharine B. Brinton (wife)
(Address) The Garden Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Ridge Date Feb 13 1934

19. UNDERTAKER: Stewart Morgan Co.
(Address) 108 N Main Ave.

FEB 13 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1933 to Feb 12 1934
I last saw him alive on Feb 11 1934 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Interstitial Endnephritis	
Arteriosclerosis	
Diabetes Mellitus	

Other contributory causes of importance:
none

Name of operation: none Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Jefferies Buck M. D.
(Address) 5 Club Road

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

98318

CERTIFICATE OF DEATH

2-3 E 98318

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4409 Groveland St. 28-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Doyle Kelley

(a) Residence: No. 4409 Groveland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Oct. 14-1912

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER William D. Kelley

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Elouise Doyle

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT (Address) William D. Kelley 4409 Groveland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Feb. 13 1934

19. UNDERTAKER (Address) George L. Schnaat 2101 Frederick Ave.

20. FILED FEB 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Feb 10/34 1934

I last saw him alive on Feb 10 1934 death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 2 yrs duration
Other contributory causes of importance: Pulmonary Tuberculosis	about 2 yrs duration

Name of operation none Special Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) Walter Dubbs M. D.

(Address) 2220 Harlem Ave

M. D. B. 1268 E 98319

2801 E 98319

E 98319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 47

1. PLACE OF DEATH

Registered No.

CITY, OF BALTIMORE: (No. St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Horton

(a) Residence: No. 707 Druid Hill Ave St., Order 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9948			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 870

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Baldy Horton

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2, 12, 1934

19. UNDERTAKER Daniel Easton

(Address) 946 Penna Ave

20. FILED FEB 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1933 to Feb. 9, 1934

I last saw him alive on Feb. 9, 1934 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	6/10/33

Other contributory causes of importance:

Invasion of Heart with Carcinomatous tissue

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Richmond Pilgrim M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

98320

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98320

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-C Ward)

Registered No. 210-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sterling J. Harman

(a) Residence: No. Hanover Pa. RFD #2 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie E.

DATE OF BIRTH (month, day, year) Oct. 31, 1911

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Transfer Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Melrose, Md

13. NAME Otto Harmon

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Alice Shull

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs. Anna Harmon

(Address) Hanover Pa. RD 2.

BURIAL, CREMATION, OR REMOVAL

Place St Davids Church Date Feb. 15, 1934

UNDERTAKER W. A. Frazer

(Address) Hanover Pa.

Filed ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Jejunum Peritonitis	2/10/34
Other contributory causes of importance: Automobile Accident	2/10/34

Name of operation Laparotomy Date of 2/12/34

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/10 1934

Where did injury occur? Wr. Jct Hall Stone Rd Westminster Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Auto he was driving collided

Nature of injury with a parked automobile.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Adams M. D. Coroner

(Address) 2206 E Madison St.

E 98321

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98321

CERTIFICATE OF DEATH

V181

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St., 14-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Thomas

(a) Residence: No. Back River Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt Co.

12. NAME Jas Thomas

14. BIRTHPLACE (city or town) (State or country) Balt Co Md

15. MAIDEN NAME Ella

16. BIRTHPLACE (city or town) (State or country) Balt Co

INFORMANT Jas Thomas
(Address) Back river Rd.

BURIAL, CREMATION, OR REMOVAL
Place A. Stephens Date 2/14 1934

UNDERTAKER Frank H. Newell
(Address) Pikesville, Md.

FILED 2/13 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Feb 11, 1934
I last saw h alive on Feb 11, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Burns.	
Flames set afire	
Other contributory causes of importance: Playing with matches	

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 11 1934
Where did injury occur? Back Rd Rel
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leland Lewis M. D.
Coroner
(Address)

M. D. B. 1006-2

E 98322

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98322

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., etc. 5-01 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Walker

(a) Residence: No. 117 S. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER FATHER

13. NAME Casey Walker

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Ella ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Friends
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date Feb 13 1934

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1934, to Feb. 8, 1934

I last saw ~~him~~ alive on Feb 8, 1934. Death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	6 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) I Brazell, M. D.

(Address) Balt City Hosp.

M. D. B. 1265 E 98323 E 98323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Gen. Hospital 130 Registered No.

CITY OF BALTIMORE: (No.) St. S-W (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Smith

(a) Residence: No. 313 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	A. A	Married

5a. If married, widowed, or divorced (or) WIFE of James Smith

6. DATE OF BIRTH (month, day, year) Feb 28, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	35	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Maryland

FATHER

13. NAME Fleming Wilson

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Annie Wilson

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT State Wilson

(Address) 313 Forrest St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Date Feb 13, 1934

19. UNDERTAKER John W Henderson

(Address) 1502 E Monument St

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/26, 1934, to 2/8, 1934.

I last saw her alive on 2/8, 1934. Death is said to have occurred on the date stated above, at 12.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	4/?/33
Myocarditis	1/10/34

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carson C Johnson M. D.

(Address) 632 Baker St

AACo. E 98324

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98324

CERTIFICATE OF DEATH

1082

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1131 W. 24th St., 12-01 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hall Hildt

(a) Residence: No. 431 W. 24th St., Ward. 12
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Hildt

7. DATE OF BIRTH (month, day, year) June 5. 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Factory Eastern Ave + Fallsway

10. Date deceased last worked at this occupation (month and year) Feb 34

11. Total time (years) spent in this occupation 52 yrs

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME Henry Hildt

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Mary L. Holden

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mrs Hall Hildt
(Address) 431 W. 24th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 15. 1934

19. UNDERTAKER J.C. Brooks & Son
(Address) Govans Md

20. FILED Feb 15 1934, 19... [illegible] Registrar.

FEB 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934, to Feb 13, 1934

I last saw him alive on Feb 12, 1934 death is said to have occurred on the date stated above, at 5.42 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-9-34

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) B.M. Thurman M. D.

(Address) Govans Md

M. D. B. 12[illegible]

E 98325

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98325

CERTIFICATE OF DEATH

X 46

Registered No. [illegible]

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. most 1 ds. How long in U. S. If of foreign birth? ... yrs. mos. ... ds.

2. FULL NAME George W. Ellis

(a) Residence: No. Avenue Post Office, St. Mary's County, Md. St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Patty Morris Ellis

6. DATE OF BIRTH (month, day, year) August 6, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Mary's Co.
(State or country) Maryland

FATHER

13. NAME John Nelson Ellis

14. BIRTHPLACE (city or town) St. Mary's Co.
(State or country) Maryland

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart, Md. Date 2/14/24

19. UNDERTAKER Eugene Hall.
(Address) Leonardtown Md.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13 19[illegible]

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9 19[illegible] to Feb. 13 19[illegible]

I last saw him alive on Feb. 13 19[illegible]. Death is said to have occurred on the date stated above, at 12.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with metastasis to liver	unk.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Lab. Clinical Findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) H. A. Abbott. M. D.

(Address) U.S. Marine Hospital, Balto. Md.

M. D. B. 1268-9

E 98326

98326

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 V

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Co.)

CITY OF BALTIMORE: (No. ..... St., [illegible] (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lilly White

(a) Residence: No. 627 N. Calhoun st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Oscar White

6. DATE OF BIRTH (month, day, year) Sept. 10, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Norfolk Virginia

FATHER

13. NAME Solomon Winslow

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Howell

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Balto Date 2/3 1934

19. UNDERTAKER Rayner Sanders

(Address) 1413 E Preston St

19. DATE 2/3/1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 7 1934 to February 9 1934

I last saw her alive on February 9 1934 Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov. 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

AaCo. 5-31 250

E 98327

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98327

CERTIFICATE OF DEATH

93-003

24-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 W 8 Battery ave St., 24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 1 mos 0 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary E Bartlett

(a) Residence: No. 12 W 8 Battery ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas H R Bartlett

7. DATE OF BIRTH (month, day, year) July 10 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Adolphus Slaughter

14. BIRTHPLACE (city or town) (State or country) maryland

15. MAIDEN NAME Georgianna Eslien

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Fannie M. Danford

(Address) 12 W 8 Battery ave

18. BURIAL, CREMATION, OR REMOVAL

Mt Olivet cemetery Date Feb 13 1934

19. UNDERTAKER Edgar G. Blake

(Address) 742 W. Lexington ave

20. FILED 1934 Feb 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1933 to Feb 9, 1934

I last saw h alive on Feb 9, 1934 death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Cardiac failure	2 mos
Arterio sclerosis	1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 6 Bolton St

M. D. E 38328 E 98328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S Ann st. St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth 54 yrs. mos. ds.

2. FULL NAME Martin Piskor

(a) Residence: No. 208 S Ann street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~wife~~ Maryanna Piskor

6. DATE OF BIRTH (month, day, year) October 26-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER FATHER

13. NAME Sebastjan Piskor

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Agnes ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Maryanna Piskor

(Address) 208 S ann street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Feb. 16th. 1934

19. UNDERTAKER George A. Weber

(Address) 705 S ann street

20. FILED Feb 14 1934 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12th. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 25. 1934 to February 12. 1934

I last saw him alive on February 12. 1934 Death is said to have occurred on the date stated above, at 7-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	??
Arteriosclerotic Cardio-Vascular disease	3 mo. ago
Cerebral Hemorrhage	Jan 25
Bronchial-Pneumonia	Feb-5
Acute Pulmonary edema	Feb 12

Other contributory causes of importance:

Acute Bronchitis	4 wks ago

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Ulanya M. D.

(Address) 209 S. Chester Str

H. D. B. 1268-9

E 98329

98329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Huntingdon St., 43-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida H Alder

(a) Residence: No. 3620 Kenwick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Silas Alder

DATE OF BIRTH (month, day, year) Jan 18 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60		23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Nicholas Bull

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Silas E. Alder

(Address) 3620 Kenwick Road

BURIAL, CREMATION, OR REMOVAL Date Feb 14, 1934

St Mary's Hampden

UNDERTAKER Chinoweth & Son

Address 3644 Evesham Ave

31934 Feb 14 1934 [illegible] Registrar.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 Death is said

I last saw h alive on 19 to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John J Morrissey M. D.

(Address) 3632 Roland Ave

E 98330

H. D. B. 1268-9

98330 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 406 W 29th St St. 12-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Hoffmaster

(a) Residence: No. 406 W 29th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie E. Hoffmaster

DATE OF BIRTH (month, day, year) Oct 17, 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Charles Hoffmaster

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Jennie Armstrong

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Elsie E. Hoffmaster

(Address) 406 W 29th St.

BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Feb 14, 1934

UNDERTAKER Thos. Poole & Son

(Address) 3[illegible] E. Lexington Ave

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of the heart.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Otho F. Morrissey M. D.

(Address) 3631 Roland Ave

M. D. B. 1268-9

E 98331

98331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Newington Ave 23-81 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Allen Clarke

(a) Residence: No. 717 Newington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addison H. Clarke

6. DATE OF BIRTH (month, day, year) Feby 19 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Penna

MOTHER FATHER

13. NAME Geo Murphy

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Hannah Allen

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Katherine A Clarke

(Address) 717 Newington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem (Date) July 14 1934

19. UNDERTAKER J. J. C. Mitchell & Sons

(Address) 1901 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/12/1 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 - 1934 to Jul 10 1934

I last saw h.. alive on Jul 11 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cancer of bowel - ileum -

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. H. Love M. D.

(Address) 2211 Eutaw Place

M. D. B. 1269-0

E 98332

98332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 N. Bruce St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby girl Jenkins

(a) Residence: No. 335 N. Bruce St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 12. 1934

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 30 min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do Newborn.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Samuel Smith

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Edith Elizabeth Jenkins

16. BIRTHPLACE (city or town) Cambridge (State or country) Md.

17. INFORMANT Edith Jenkins

(Address) 335 W Bruce St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Feb 13 19 34

19. UNDERTAKER

(Address)

20. FILED ..... 19 .....

Registrar.

0112

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12. 1934 to Feb 12. 1934

I last saw h[illegible] alive on Feb 12. 1934. Death is said to have occurred on the date stated above, at 9.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Prematurity.	
Other contributory causes of importance:	
(b) Premature Separation Placenta	
Maternal Illness	

Name of operation None Date of —

What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

AACo. 5-31 2508

E 98333

8333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Druid Hill ave St. 14-01 Ward)

Length of residence in city or town where death occurred 30 ? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriett Tunstall

(a) Residence: No. 2006 Druid Hill ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 3. 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Margrette More

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT John E. Satterfield (son)
(Address) 2006 Druid Hill ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Feb 16th 1934

19. UNDERTAKER Thomas E. Wright
(Address) 700 N. Carrollton Ave

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1934 to Feb. 13th. 1934
I last saw her alive on Feb. 12th, 1934, death is said to have occurred on the date stated above, at 3. a. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	Feb. 1st. 1934
Prob. Gh. Inter. Nephritis	?
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter J. Jackson, M. D.
(Address) 1631 W. Franklin st

E 98334

M. D. B 1268-9

98334 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 122-102

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 Camel Alley Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lula McNeill

(a) Residence: No. 209 Camel Alley Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE Josh McNeill

6. DATE OF BIRTH (month, day, year) Feb 18 1908

7. AGE: Years 25 | Months 11 | Days 24 23 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville S C

13. NAME OF FATHER James Mattison

14. BIRTHPLACE (city or town) (State or country) Greenville S C

15. MAIDEN NAME OF MOTHER Anna Jones

16. BIRTHPLACE (city or town) (State or country) Abbeville S C

17. INFORMANT Jimmy McNeill

(Address) 209 Camel Alley

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 14 1934

19. UNDERTAKER Hooper Undertaking Co

(Address) 1001 Pennsylvania Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 11 , 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1934 to Feb 11, 1934

I last saw h[illegible] alive on Feb 11, 1934 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal obstruction	Feb 9

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John H. Wells, M. D.

(Address) 515 N. Arlington Ave

Spec.—8-16-29—L. F. S.—100 Bks.

E 98335

98335

HEALTH DEPARTMENT—CITY OF BALTIMORE

175-002

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Wylie Av ST. 27-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Margaret Attenborough

(a) RESIDENCE NO. 3004 Wylie Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John Attenborough

DATE OF BIRTH (month, day, and year) Nov. 18 1852

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	9	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Glen Rock
(State or country) Pa

10 NAME OF FATHER Edw. Hoffer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Susan Eppley

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pa.

Informant Mrs Margaret Fox

(Address) 3004 Wylie Av

Filed 1934 Huntington Williams, M.D. Registrar

31934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby. 13/34

17 I HEREBY CERTIFY, That I attended deceased from Jany. 16 1934, to Feby 13 1934, that I last saw h[illegible] alive on Feby 13 1934 and that death occurred, on the date stated above, at 9:00 a. m.

The CAUSE OF DEATH* was as follows:

Cong. of Liver Pneumonia

Arterio Sclerosis

(duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY (Secondary) Fatty Infiltration of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Trouble

(Signed) Geo. Smith, M. D.

2/15 1934 (Address) 1100 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 2/15 1934

20 UNDERTAKER T. W. Mears & Son

ADDRESS 805 N. Calvert St

M. D. B. 1268-9

E 98336

98336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 N. Eutaw St. St. 11-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME PETER SELSBY JUMP.

(a) Residence: No. 1106 N. Eutaw St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mary Jump

6. DATE OF BIRTH (month, day, year) December 27th. 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Retired Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Apartment House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

MOTHER FATHER

13. NAME ~~Unknown~~ Peter Jumps

14. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ England

15. MAIDEN NAME ~~Unknown~~ Amelia Selsby

16. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ England

17. INFORMANT Miss Elizabeth Jump.

(Address) 1106 N. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Mem Pk Date Feb 15th 1934

19. UNDERTAKER Chas. H. Grave & Son

(Address) 116 W. Mt. Royal Ave

Filed ... 19... Registrar.

31934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12th 34

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1928 to Feb 12 1934

I last saw h... alive on Feb 12 1934 Death is said to have occurred on the date stated above, at 12:56 m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset 1928

Generalized arteriosclerosis

Other contributory causes of importance:

Acute ulcerative colitis — 2 days ago

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benjamin Wills M. D.

(Address) 2032 Wilkins Ave.

M. D. B. 1268-9

E 98337

8337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Mary's Orphan Asylum, Roland Park. St., 27-61 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ALICE EVERETT. Cold Spring Lane East of Roland Av

(a) Residence: No. St. Mary's Orphan Asylum. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1st. 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nº

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT St. Mary's Orphan Asylum Records
(Address) Cold Spring Lane Roland Park.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Feb 15th 1934

19. UNDERTAKER Chas. P. Kraus & Son
(Address) 1100 Mt. Royal Ave

Filed 19 Registrar.

E 31934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1934 to Feb 12 1934

I last saw h[illegible] alive on Feb 12 1934 Death is said to have occurred on the date stated above, at 5 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	[illegible] years
Other contributory causes of importance:	
Myocarditis Chronic Interstitial	[illegible] years

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
[illegible] If so, specify

(Signed) Chas. P. Kraus Jr. M. D.

(Address) 3923 St Paul St

M. D. F. 1268-9

E 98338

8338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Hull St. 24-01 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

2. FULL NAME Jane M Shade

(a) Residence: No. 1309 Hull St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Shade

6. DATE OF BIRTH (month, day, year): Jan 4 1857

7. AGE: Years 77 | Months | Days 118 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 027

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER FATHER

13. NAME: Joseph Evans

14. BIRTHPLACE (city or town) (State or country): Wales

15. MAIDEN NAME: Margaret Evans

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: John Shade
(Address) 1309 Hull St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Feb 15, 1934

19. UNDERTAKER: C. Edmund Evans
(Address) 38 E Preston St

20. FILED Feb 15 1934, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-12-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-7-, 1934 to 2-12-, 1934

I last saw h alive on 2-11, 1934 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Hemiplegia)	Feb 1st
Other contributory causes of importance: Arteriosclerosis	1 yr

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas Turner, M. D.

(Address) 2702 North Ave.

M. D. B. 1268-9

E 98339

HEALTH DEPARTMENT—CITY OF BALTIMORE

98339

CERTIFICATE OF DEATH

133

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 Birkhead St. 23-01 Ward)

Length of residence in city or town where death occurred 6 yrs. 8 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Jr. Edwards

(a) Residence: No. 27 Birkhead St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16. 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6 Yr.	8	27.25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Father J Edwards

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME America J Flood

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 14. 1934

19. UNDERTAKER Howard E Evans
(Address) 2 & 6 East Ave.

20. FILED Feb 14 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25. 1933. to Feb. 11. 1934

I last saw him alive on Feb. 10. 1934 Death is said to have occurred on the date stated above, at 1:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyleo Nephritis about	12/15/33
Other contributory causes of importance: Exhaustion	2/10/34

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Rob't Carmichael M. D.

2/12/34 (Address) 1644 Hanover St.

31934

M. D. B. 1208-9

E 98340

98340 6

28055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby girl Vendetti

(a) Residence: No. 1513 Bank St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/20/33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1 1/2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Vincent Vendetti

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary Chrysanthemum

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 2/14/ 1934

19. UNDERTAKER Wendell J. Paffel

(Address) 500 S. Edon St.

20. FILED 2 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1934 to Feb 13, 1934

I last saw her alive on Feb 13, 1934 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastroenteritis (Diarrhea)	Jan. 30
Prematurity	12-20-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19....

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Mary L. Hewlett, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

98311 E 98311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 W. Barre St. 21-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline M. Kinnitz

(a) Residence: No. 816 W. Barre St. St, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Arthur Kinnitz

7. DATE OF BIRTH (month, day, year) November 29, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Mr. Bendix

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Arthur Kinnitz

(Address) 816 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cem. Date February 15 19 34

19. UNDERTAKER Joseph F. Cook

(Address) 1003 W. Baltimore St.

Filed 2-15 19 34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw her alive on 19 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Sellers, M. D.

(Address) 2739 Eastern Avenue Coroner

M. D. P. 1269-B E 98342

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98342

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N. Port St. 6-C1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Josephine Kus

(a) Residence: No. 403 N Port St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frank Kus

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Joseph Kada

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Frank Kus

(Address) 403 N Port St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Feb 14, 1934

19. UNDERTAKER: Frank Brabender

(Address) 19 E Fayette

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 19 34 to Feb 11, 19 34

I last saw h[illegible] alive on Feb 11, 19 34 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation, Feb 11, 34

Chronic Endocarditis

Uraemia

Date of onset

Other contributory causes of importance:

Acute Cardiac Decompensation

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

Cor.—10-10-29—A Co.—100 Bks.

E 98343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98343

CERTIFICATE OF DEATH

210-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Great Baltimore General Hospital

City of Baltimore: (No. 16-01 St., Ward)

2-FULL NAME Walter R. Hall

(a) RESIDENCE NO. 3235 Belmont Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 17 1915

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	15	7	26 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Constantinople, Turkey

PARENTS

10 NAME OF FATHER Walter B. Hall

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Thalia Kredules

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Turkey

14 Informant Walter B. Hall
(Address) 3235 Belmont Ave

15 Filed ..... 19.... Registrar

FEB 14 1934 BKG

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Comp. Fracture of Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Ellamont & Belmont Ave

Did an operation precede death? No Date of ✓

Was there an autopsy? No. Skull was found fractured upon admission

What test confirmed diagnosis? 2/12/34 A. M. P. M.

(Signed) Joseph O'Donnell M.D.

19 (Address) 2705 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Feb. 15 1934

20 UNDERTAKER John B. Kenny

ADDRESS 715 Light St

E 98344

M. D. B. 1268-9

E 98344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#6

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Pinewood Ave. St., Hamilton 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hallie Ida Seward

(a) Residence: No. 2906 Pinewood Ave Hamilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~Sex~~	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Gilman H Seward

6. DATE OF BIRTH (month, day, year) July 14 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va.

FATHER

13. NAME Sidney Mumford

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Seward Hamilton

(Address) 2906 Pinewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Petersburg Va. Date 2/15/34 19

19. UNDERTAKER Fahey Hoag & Sons Inc

(Address) 1301 E Eager St

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 to Feb 13 1934

I last saw h.. alive on Feb 12 19 34. Death is said to have occurred on the date stated above, at 7:25 A m

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver — Date of onset

Gallstones & Icterus

Other contributory causes of importance:

Unfortunate

Name of operation ~~—~~ Date of ~~—~~

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. P. Cannon M. D.

(Address) 1701 N Carlin ave

M. H. B. 1265-9

E 98345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98345

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5301 Sipple Avenue St. 26-a Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Franz Piehler

(a) Residence: No. 5301 Sipple Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna (Ulfers) Piehler

6. DATE OF BIRTH (month, day, year) June 22, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schoeneman & Co.

10. Date deceased last worked at this occupation (month and year) Feb. 1933

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Saxony Germany

FATHER

13. NAME Franz Piehler Sr.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Louise Siegrist
(Address) 5301 Sipple Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place 1st Evangelical Date Feb. 14, 1934

19. UNDERTAKER HENRY SANDER & SON, INC.
(Address) BROADWAY & BALTIMORE ST.

20. FILED ... 19... Registrar.

B 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1933 to Feb 11 1934

I last saw ~~him~~ alive on Feb. 11 1934 Death is said to have occurred on the date stated above, at 12.15 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	Jan 1933
Other contributory causes of importance: Metastasis (Lungs)	

Name of operation None Date of —

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. A. Heer M. D.

(Address) 458 Patterson Park Ave

M. D. B. 1268-a

E 98346

✓ E 98346

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 Rochester Place St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Geroge Adolph

(a) Residence: No. 110 Rochester Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Adolph

6. DATE OF BIRTH (month, day, year) Aug. 30, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oriole Gas Range

10. Date deceased last worked at this occupation (month, year) 1926

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Adolph

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Frank

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emma Adolph (Wife)

(Address) 110 Rochester Place

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Feb. 16, 1934

19. UNDERTAKER HENRY SANDER & SON, INC.

(Address) BROADWAY & BALTIMORE ST.

20. FILED ..... 19..... Registrar.

FEB 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 34 to Feb 12 1934

last saw h.. alive on Feb 12, 1934 Death is said to have occurred on the date stated above, at 4.20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Incuffiency	
Angina Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 2956 E Balto

M. D. B. 1268-9

E 98347

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98347

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur Dumpson Sill

(a) Residence: No. 1625 Vincent St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 30, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.H.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Dumpson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Louisa Stevenson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 14 34

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman st.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1934 to Feb. 10, 1934

I last saw him alive on Feb. 10, 1934 Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov. 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Christopher C. Shortt M. D.

(Address) Balto. City Hosp.

M. D. B. 1200

E 98348 ✓ E 98348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 W. Lanvale St. 16-0 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edmund T. Horner. Sr,

(a) Residence: No. 2316 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Mellor Horner,

6. DATE OF BIRTH (month, day, year) February 12. 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	--	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Albert Horner,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Caroline Smith,

16. BIRTHPLACE (city or town) (State or country) Texas Baltimore Co. Md.

17. INFORMANT Mrs S. Green,
(Address) 2316 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date FEB 15 1934

19. UNDERTAKER Geo W Settle
(Address) 2700 Edmondson Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 13 1934

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1934 to February 12, 1934

I last saw him alive on February 12, 1934. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feby 6
Other contributory causes of importance: Common Cold	Feby 2

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robt J. Murray M. D.

(Address) 510 N. Arlington Ave.

M. D. B. 126-12 E 98349 ✓ E 98349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Barclay St., 17-01 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac J. Laisure

(a) Residence: No. 2208 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie E. Laisure

DATE OF BIRTH (month, day, year) Sept. 22-1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Carrie E. Laisure

(Address) 2208 Barclay st.

17. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Feb. 14, 1934

UNDERTAKER Wm. L. Black

(Address) 927 N. Broadway

FILED Feb 15 1934, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11-34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Valvular disease of the heart.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Morrissey Coroner M. D.

(Address) 3632 Roland Ave

M. D. B. 1268-9

E 98350

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98350

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Montford Ave. St. 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oliver K. Griffin

(a) Residence: No. 15 N. Montford Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24, 1916.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John W. Griffin

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mattie L. Kelso

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT John W. Griffin
(Address) 15 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem. Date Feb. 15, 1934

19. UNDERTAKER Wm. C. Black
(Address) 927 N. Broadway.

20. FILED FEB 14 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1934 to Feb. 12, 1934

I last saw h[illegible] alive on Feb. 12, 1934 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-2-/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene L. Lassagne, M. D.

(Address) 5, 14 Druid Lane

M. D. B. 1268-9

E 98351 ✓ E 98351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 N. Payson St. Ward)

Length of residence in city or town where death occurred 3a yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Gertrude De Muth.

(a) Residence: No. 1822 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Wm H. De Muth

6. DATE OF BIRTH (month, day, year) Oct. 10, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER

13. NAME Henry D. Mullen

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Holmes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Geo. H. De Muth (Address) 1822 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Hill Cem. Date Feb 16 1934

19. UNDERTAKER Wm Fickus & Sons. (Address) North & Pulaski

20. FILED Feb 16 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1933 to Feb. 12, 1934

I last saw h[illegible] alive on Feb 11, 1934 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular disease	1932
Other contributory causes of importance:	
Cardiac Hypertrophy	1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Timmerella M. D.

(Address) Medical Arts Bldg.

M. D. B. E 98352 ✓ E 98352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-01 Ward)

Length of residence in city or town where death occurred 77 yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James T. Stewart

(a) Residence: No. 311 2 Abell Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia H Stewart

6. DATE OF BIRTH (month, day, year) Feb 8, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweling Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 166

10. Date deceased last worked at this occupation (month, day, year) Feb 1934 | 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James A. Stewart

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Augusta McQuay

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Julia H Stewart
(Address) 311 2 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Feb 13, 1934

19. UNDERTAKER Wm Schluter & Sons
(Address) [illegible]

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-31-34, 19.. to 2-12-34, 19..

I last saw him alive on 2-12-34, 19.. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon.	

Other contributory causes of importance:
Intestinal obstruction

Name of operation Myles operation Date of 2-8-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard Frances, M. D.
(Address) Union Memorial Hospital

M. D. B. 1268 E 98353 ✓ E 98353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2826 Wallbrook Ave (St.) 5-C (Ward)

Length of residence in city or town where death occurred 61 yrs. 10 mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frederick Adolph Rausch

(a) Residence: No. 2826 Wallbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence M. Rausch

6. DATE OF BIRTH (month, day, year) Apr. 8, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): Daily

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME George Rausch

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME Doris Woelfl.

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT Mrs. Florence M. Rausch
(Address) 2826 Wallbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Can Date Feb. 14 1934

19. UNDERTAKER Wm. Wechter Sons
(Address) North & Pa Aves

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1933 to Feb 11 1934

I last saw him alive on Feb 10 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chr.

Date of onset

Other contributory causes of importance: Ventricular Tachycardia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. Howard Tolle M. D.

(Address) 817 Park Ave.

M. D. Record E-98354 ✓ E 98354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals 16-61 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Perry W. Johnson
(a) Residence: No. 1131 E. Stackton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilmer (Wife) Johnson

6. DATE OF BIRTH (month, day, year) Oct 1, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78		13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

FATHER
13. NAME Perry Johnson
14. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER
15. MAIDEN NAME Charlotte Royal
16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Feb 14 1934

19. UNDERTAKER Tom[illegible] H Grace Son (Address) 638 N Gilmor

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1933 to Feb 11, 1934. I last saw him alive on Feb 11, 1934. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Oesophagus	10 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T D Nagel, M. D.
(Address) Balt City Hosp.

D. B [illegible] E 98355 ✓ E 98355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No.

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 26-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Blank

(a) Residence: No. 132 S. Clinton St St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Anna M. Blank

DATE OF BIRTH (month, day, year): Oct 4/1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Patrolman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. Police Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: George Blank

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Katherine Woltz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Anna M. Blank

(Address): 132 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Feb 16 1934

19. UNDERTAKER: Lilly & Julian Bros

(Address): 423 [illegible]

Filed [illegible] 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 11/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11.55 m. P.M.

The principal cause of death and related causes of importance were as follows:

Pistol Shot Wound of Brain — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Feb 11/34

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: On street.

Nature of injury: Was shot by unknown person while intercepting safe blowers at Lanvale St & Central Ave.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed): [illegible] Coroner, M. D.

(Address) 501 E Fort Ave

M. D. B. 17 E 98356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98356

CERTIFICATE OF DEATH

Registered No. 8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Bayliss St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. — mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis Lafayette Brooks

(a) Residence: No. 1006 Bayliss St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 22 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Edward Brooks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Edna Estella Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edna Loretta Brooks

(Address) 1006 Bayliss St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lawn Cat Date Feb 14 1934

19. UNDERTAKER Lilly Zuber Dry

(Address) Davis & Moffett

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1934 to Feb 13 1934

Last saw he alive on Feb 12 1934. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	1/26/34
Other contributory causes of importance:	
Bronchial Pneumonia	2/11/34

Name of operation None Date of —

What test confirmed diagnosis? None Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. L. Gichard M. D.

(Address) 5901 York Rd

M. D. B. [illegible]

E 98357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98357

CERTIFICATE OF DEATH

124-601

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Tilest St. 12-03 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Percival T. Wallace

(a) Residence: No. 2005 Tilest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19th 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Herman R. Wallace

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Emma Wallace

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Emma Wallace Sister
(Address) 2005 Tilest St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Feb 16 19[illegible]

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 402 S. Wolfe St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12th 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1933 to Feby 12, 1934

I last saw h... alive on February 12 1934 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic Cirrhosis of liver	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Allen C. Gotham M. D.

(Address) 3139 E. Baltimore St.

M. D. 120

E 98358

E 98358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3407. Foster Ave St., 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J Schneider

(a) Residence: No. 3407. Foster Ave St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, year): Feb. 3 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Nicholas Schneider

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Tresa Hirsch

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Margaret Wachter 3407. Foster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred, Hearts Date Feb 15, 19 34

19. UNDERTAKER (Address): Lilly + Zuber Inc 703 E Lanvale St

20. FILED ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 19 34 to Feb. 11, 19 34. I last saw him alive on Feb. 11, 19 34. Death is said to have occurred on the date stated above, at 6.45pm.

The principal cause of death and related causes of importance were as follows:

Heart Decompensation. 10 days. Feb. 2.

Other contributory causes of importance: Chronic Nephritis. Senile Arteriosclerosis.

Date of onset

Name of operation none. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) W. C. Hill M. D.

(Address) 3508 Bank St.

H. D. B 1268-9

98359

HEALTH DEPARTMENT—CITY OF BALTIMORE

98359

CERTIFICATE OF DEATH

162

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Aisquith St (Aged Home) Ward) 5-01

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles B. Freeland

(a) Residence: No. 207 Aisquith St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Sep 20/1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	4	22 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Rev. Stewart

(Address) 207 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Feb 14 1934

19. UNDERTAKER Walter B Spriggs

(Address) 139 W Lombard St.

20. FILED Mt ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Senile Debility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] Coroner, M. D.

(Address) 1100 E Monument

M. D. B. 1268-9

Dr Lennon 2340 Eutaw Pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

98360

CERTIFICATE OF DEATH

13

E 98360

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 Hollins St St. 18-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

2. FULL NAME Aaron S. Wagner

(a) Residence: No. 835 Hollins St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 645

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Von Braun

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Marcus Wagner - Son

(Address) 835 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2/14/34 19

19. UNDERTAKER Jack Levy Inc

(Address) 1439 E Preston St

20. FILED FEB 14 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1929 to Feb. 13, 1934

I last saw him alive on Feb. 13, 1934 Death is said to have occurred on the date stated above, at 9.30 P m. 9.30

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Renal Disease	Few years
Bronchial Asthma	
Chronic Bronchitis	
Other contributory causes of importance:	
Uremia	Feb. 12 1934

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Lennon M. D.

(Address) 2340 Eutaw Pl

M. D. B. 1268-9

98361

HEALTH DEPARTMENT—CITY OF BALTIMORE

98361

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth 34 yrs. mos. ds.

2. FULL NAME Morris Binder

(a) Residence: No. 2319 Whitter Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or WIFE) of Sophia Binder

6. DATE OF BIRTH (month, day, year) Dec. 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring business

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Unknown Russia

FATHER

13. NAME Ingman Morris

14. BIRTHPLACE (city or town) (State or country) Unknown Russia

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Unknown Russia

17. INFORMANT Son - Irvin Binder

(Address) Phila., Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem. Date 2/14/34 19

19. UNDERTAKER Jack Levey Levey

(Address) 1437 E. Baltimore St.

20. FILED FEB 14 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/2 1934 to 2/13 1934

I last saw him alive on 2/13 1934. Death is said to have occurred on the date stated above, at 3:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with metastases	?

Other contributory causes of importance:

Metastatic Carcinoma	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. A. Bely M. D.

(Address) Mercy Hospital

✓ 2225 Linden Ave

M. D. B. 1268-9

98362

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98362

CERTIFICATE OF DEATH

94-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4003 Reisterstown Rd. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? 42 yrs. mos. ds.

2. FULL NAME Sarah Sandel

(a) Residence: No. 3734 Cottage Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wolf Chudeckel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bula

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Herbert Sandel
(Address) 3734 Cottage Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 2/14/34

19. UNDERTAKER Jack Levin Co.
(Address) 1430 E. Baltimore St

20. FILED FEB 14 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 8th 1934 to Feb 13 1934

I last saw her alive on Feb 13 1934 Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombus Coronary	

Other contributory causes of importance:

Hardened Arteries

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes or no

(Signed) W. Chudeckel M. D.

(Address) 2225 Linden

H. D. B 1268-2

E 98363

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98363

CERTIFICATE OF DEATH

115-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Jospeh Hospital St. 9-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jessie Ward

(a) Residence: No. Benson, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 16, 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Benson, Md ,

13. NAME Richard Ward

14. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

15. MAIDEN NAME Jetta Beatty

16. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

17. INFORMANT Richard Ward
(Address) Benson Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Cem Date Feb. 17 1934

19. UNDERTAKER Hornberger & Groot.
(Address) Benson Md.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia-Septic Sore Throat	
(Probably Streptococcic)	5 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Bacon M. D.
Coroner

(Address) 508 E North Ave

A4Co. 5-31-1908 E 98364

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98364

CERTIFICATE OF DEATH

✓ 130

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 120 S. Calhoun St. St., 14-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elise Mohr

(a) Residence: No. 120 S. Calhoun St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1867.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	22 ✓	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER John P. Mohr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Henrietta Gerber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Wm. J. F. B. Wells, 120 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date Feb. 14, 19 34.

19. UNDERTAKER (Address) Henry A. Kuetzle 4101 Edmondson Ave.

20. FILED FEB 14 1934, 19..., m. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11 ✓, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 19 34, to Feb. 11, 19 34

I last saw her alive on Feb 10, 19 34 death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Acute Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Marshall F. Smith, M. D.

(Address) Arnold Md.

AACo. 5-31 250B

E 98365 E 98365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Ballo. Gene 2370 St., ... Ward) Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Leonard Scott

(a) Residence: No. 4106 Mary Ave St. Ward. Belmont
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Grace Scott

6. DATE OF BIRTH (month, day, year) June 25, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44 yrs	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. auto mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc transfer company.

10. Date deceased last worked at this occupation (month and year) Feb 10, 1934

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John L. Scott

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ellen Baker

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Grace V. Scott

(Address) 4106 Mary Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem Date Feb. 15, 1934

19. UNDERTAKER Harry A. Britzke

(Address) 1410 E. Monument Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934 to Feb 12, 1934

I last saw him alive on Feb 12, 1934 death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 10, 1934
Other contributory causes of importance:	
emphysema	

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard J. Lucas M. D.

(Address) 1 E. Fayette

M. D. B. 1268-9

98366 E 98366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St., 19-24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Edward Lee

(a) Residence: No. 218 Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of The Record

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME The Record

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME The Record

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U Med College Date Feb 14 19 34

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16-34 19

22. I HEREBY CERTIFY, That I attended deceased from 1-21-34 19 to 2-16-34 19

I last saw him alive on 2-10-34 19 Death is said to have occurred on the date stated above, at 5 46 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William Neil Rogers M. D.

(Address) President Hospital

0116

M. D. B 1268-4

698367

E 98367

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 W Fairmount St., 19-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evelyn Thomas

(a) Residence: No. 1520 W Fairmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 8-1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME James Thomas

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Dorothy Nutt

16. BIRTHPLACE (city or town) Virginia
(State or country)

INFORMANT Dorothy Thomas

(Address) 1523 W Fairmount

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 14, 1934

UNDERTAKER Mrs Katie R. Williams

(Address) 322 a Schroeder St.

FILED FEB 14 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 8th
	1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Natnre of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 N Broadway

M. D. B. 1268-9

E 98368

98368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 E. Barney St. 03-01 Ward)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S. If of foreign birth 87 yrs. mos. ds.

2. FULL NAME Philippina Manner

(a) Residence: No. 15 E Barney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Manner

6. DATE OF BIRTH (month, day, year) June 14, 1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Manner

(Address) 15 E Barney St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 16 1934

19. UNDERTAKER A. Howard Evans

(Address) 35 E Fort Ave

19. [illegible] Registrar.

4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1933 to Feb. 13, 1934

I last saw HER alive on Feb. 12, 1934. Death is said to have occurred on the date stated above, at 2:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Indefinite	
Other contributory causes of importance:	
Cystitis	2/11/34

Name of operation none Date of

What test confirmed diagnosis clinical Were an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. H. Campbell M. D.

2/14/34 (Address) 1644 Hanover St

M. D. B 1268-9

(Dwyer)

E 98369

98369

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. / St., 19 (Ward))

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B. Dwyer

(a) Residence: No. 525 Elmwood Rd. St., Ward. 13 Dundalk Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 9 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (a) None (b) None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John E. Dwyer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Gold

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT J. E. Dwyer

(Address) 525 Elmwood Rd

18. BURIAL, CREMATION, OR REMOVAL Interment Date 2/15 19 34

19. UNDERTAKER Leonard J. Lynch

(Address) 2205 Harford Rd.

20. FILED 2/15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13 19 34

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 19 34 to Feb. 13 19 34

I last saw h alive on Feb. 13 19 34 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Scarlet Fever	Feb. 10
Acute Myocarditis	Feb. 13

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Seligman M. D.

(Address) 1st Benjamin Ave

M. D. B 1268-9

George Augustus Reilly E 98370

HEALTH DEPARTMENT—CITY OF BALTIMORE

98370

CERTIFICATE OF DEATH

√ 45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-04 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Augustus Riley (Reilly)

(a) Residence: No. 1309 E. North Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Anna M. (nee Davidson)

6. DATE OF BIRTH (month, day, year) May 18, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Title Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) (La.

FATHER

13. NAME Frank Reilly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Lamon

16. BIRTHPLACE (city or town) (State or country) (

17. INFORMANT Mrs Charles W. Tindle, Jr.

(Address) 617 Cathedral St Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb. 15 1934

19. UNDERTAKER Harry A. Neitzke

(Address) 1711 Edmondson Ave

A 1934

Filed ... 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-19-1934 to 2-12-1934

I last saw him alive on 2-12-1934. Death is said to have occurred on the date stated above, at 6:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pharynx	July/33

Other contributory causes of importance:

Name of operation Radical Glands of Neck of 1/24/34

What test confirmed diagnosis? Path. section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

... of injury ...

... of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Chas. Mayo M. D.

(Address) University Hospital

M. D. B. 1268-9

E 98371

HEALTH DEPARTMENT—CITY OF BALTIMORE

98371

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 William St. 21-01 Ward)

Length of residence in city or town where death occurred about 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Brannan

(a) Residence: No. 1406 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Brannan

6. DATE OF BIRTH (month, day, year) Aug. 11, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Jas. Brannan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mc Catherine

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Brannan
(Address) 1406 William St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb. 15, 1934

19. UNDERTAKER Maynard D. Thomas
(Address) 2107 N. Gilmor St

20. FILED Feb 14 1934, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1930, 19.., to Feb. 12, 1934

I last saw him alive on Feb. 11, 1934 Death is said to have occurred on the date stated above, at 3.45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchitis, bronchial asthma, arterio-sclerosis chronic myocarditis	June 4th, 1930

Other contributory causes of importance:

Cerebral hemorrhage, Pneumonia (hyperstatic)	21 hours before death.

Name of operation none Date of --

What test confirmed diagnosis? D. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify -----

(Signed) Harry Reibel M. D.

(Address) 1224-1226 Hanover St.

2/12/34

M. D. B. 1268-9

E 98372

98372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 700 Woodbourne St. 27-81 Ward)

Registered No. 123
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James C. Moore

(a) Residence: No. 700 Woodbourne St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Wells Moore

6. DATE OF BIRTH (month, day, year) Nov. 15, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Michael Moore

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Rose Kane

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Mrs. Margaret Moore
(Address) 700 Woodbourne ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Joseph's Cem. Date 2/15 1934

19. UNDERTAKER Wm. J. Flynn
(Address) 1422 E. Fort Ave.

20. FILED 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 8th 1934, to Feb 12th 1934

I last saw h.. alive on Feb 12th 1934. Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1932
Other contributory causes of importance: Tuberculous Enteritis	1934

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Francis A. Gillis, M. D.

(Address) 900 E. 37th St.

M. D. R. 1268-9

E 98373

98373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Bolton St., 14th Ward)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adolphine King Smith

(a) Residence: No. 1734 Bolton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr. J. Holmes Smith

6. DATE OF BIRTH (month, day, year) August 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Kingsville, Baltimore County, Maryland

FATHER

13. NAME Dr. David King

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Eliza Blair

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Mary E. Smith

(Address) 1734 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL St. John's Cemetery

Place Long Green, Md. Date Feb. 16, 1934

19. UNDERTAKER [illegible]

(Address) 1002 W. Baltimore St.

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Tuesday February 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 6 - 1934 to February 13, 1934

I last saw her alive on February 13, 1934 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 1934

Other contributory causes of importance:

Acute Coronary Occlusion — Date of onset Feb 13/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Robert E. Lambert, M. D.

(Address) 2112 Maryland Ave.

M. D. B. 1268-9

E 98374

98374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Thompson (Ernest Franklin Thompson)

(a) Residence: No. Linthicum Heights St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen R; Thompson

6. DATE OF BIRTH (month, day, year) April 11, 1882

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	51 52	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George County Maryland

FATHER

13. NAME John L. Thompson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Edna Beech
(Address) Linthicum Heights, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 16, 1934

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/11/34, 19..., to 2/13, 1934

I last saw h. alive on 2/13, 1934 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral pneumonia	2/7/34
Other contributory causes of importance: Probable emphysema	2/11/34
Cardiovascular failure	2/13/34

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) James D. Moore, M. D.

(Address) University Hospital

M. D. B. 1[illegible] E 98375

E 98375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 Cambria St. 25-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby girl Graef.

(a) Residence: No. 1340 Cambria St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Baby.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Baby.

6. DATE OF BIRTH (month, day, year) 2-12-34.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Thomas Taylor Graef

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Ethel May Bichell

16. BIRTHPLACE (city or town) Tilghman's Island (State or country) Md.

17. INFORMANT Husband
(Address) 1340 Cambria St.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19..

19. UNDERTAKER Wm Cook
(Address) [illegible]

FILED FEB 15 1934 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-12 1934 to 2-14 1934

I last saw h[illegible] alive on 2-13 1934 Death is said to have occurred on the date stated above, at 3:15 A.m.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage

Date of onset

Other contributory causes of importance:

Spontaneous delivery

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If specialist .....

(Signed) M. Alexander Worley M. D.

(Address) 1516 Madison Ave

M. D. B. E-98376

E 98376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 N. Pulaski St., 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Annie Berry

(a) Residence: No. 516 N. Pulaski St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Edward Wells Berry

6. DATE OF BIRTH (month, day, year) Feb 4th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Patrick Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Dungey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Marie K. Lemmon
(Address) Green Lawn Pasadena P.O.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/16/ 19 32

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED FEB 17 1932 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13th, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/2/32 ~~, 19~~ to 2/13/32 ~~, 19~~

I last saw her alive on 2/10/32 ~~, 19~~. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation & pulmonary edema	1 hr.
Other contributory causes of importance: Chronic myocarditis & hypertension	5 yrs.

Name of operation ..... ~~Date of~~

What test confirmed diagnosis? ..... ~~Was there an autopsy?~~

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Andrew E. Calvo M. D.

(Address) 4 N. Fulton Ave

M. D. B. 1208 E 98377 E 98377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Barclay St. 12-01 Ward)

Length of residence in city or town where death occurred 69 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Lentz

(a) Residence: No. 1907 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Lentz

6. DATE OF BIRTH (month, day, year) May 13, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) 127

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Conrad Lentz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Heinlein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia Lentz

(Address) 1907 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Cem Date 2/16, 19 34

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 34

22. I HEREBY CERTIFY, That I attended deceased from February 10, 1934 to February 13, 1934

I last saw him alive on February 13, 1934 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Heart failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Reginald F. Tony M. D.

(Address) 414 E. North Ave.

M. D. F. 126 E 98378 ✓ E 98378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton Ave Hosp 28-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jacob Strauss.

(a) Residence: No. 5303 Windsor Road, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Strauss.

6. DATE OF BIRTH (month, day, year) Jan 5 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Strauss.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Hosp. record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Lindallstown
Place W. Olive Cem Date 2/15, 1934

19. UNDERTAKER J. F. Thompson
(Address) 131 E Eighth St.

20. FILED 2/15 1934, 19 in Register of Deaths. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/3, 1934, to 2/12, 1934

I last saw him alive on 2/12, 1934 Death is said to have occurred on the date stated above, at 11:40 P m.

The principal cause of death and related causes of importance as follows:

	Date of onset
Pneumonia	?
Other contributory causes of importance: Carcinoma of rectum	3 years

Name of operation Stomach and rectum Date of 2/6/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Brown, M. D.

(Address) Balto City Hosp.

M. D. F. E 98379 ✓ E 98379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Snell

(a) Residence: No. 1803 Lorman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Clarence Snell

6. DATE OF BIRTH (month, day, year) Aug. 12, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Ambrose Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Thornton

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 2/15 19 34

19. UNDERTAKER Thomas E. Kelson
(Address) 1203 Presstman st.

20. FILED FEB 15 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1934 to Feb. 12 1934

I last saw her alive on Feb. 12 1934 Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 months

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Christopher C. Thomas M.D.

(Address) Balto. City Hospitals

M. D. B. 1268-A E 98380 ✓ E 98380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Co.) Baltimore City Hospitals St. (or Ward) 16-21

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Gross

(a) Residence: No. 1020 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie Gross

6. DATE OF BIRTH (month, day, year) July 4, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River Md

FATHER

13. NAME Lewis Gross

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Fannie Bynn

16. BIRTHPLACE (city or town) (State or country) West River Md

17. INFORMANT (Address) Records Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn cemetery Date 2/15/34

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Pressman ave.

20. FILED [illegible] Registrar

FEB 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1934 to Feb. 10, 1934

I last saw h. alive on Feb. 10, 1934 Death is said to have occurred on the date stated above, at 6 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phaneuf M. D.

(Address) Baltimore City Hosp.

M. D. E 98381 ✓ E 98381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 15-01 Ward) Registered No. 27-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Datcher

(a) Residence: No. 1349 No. Strieker Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 27, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pomonkey, Md.

FATHER

13. NAME James M. Datcher

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Dora Griffin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cemetery Date Feb 15 1934

19. UNDERTAKER Thomas E. Kelson
(Address) 1202 Pennsylvania Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1932 to Feb. 12, 1934

I last saw her alive on Feb. 12, 1934 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Osteitis of Sacrum & Pelvis	April 1931
Other contributory causes of importance:	
Generalized Amyloidosis	Nov. 1932

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Christopher C. Shaw M.D.

(Address) Baltimore City Hosp.

M. D. B 1268-9

E 98382 ✓ E 98382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3120 Foster ave St., 1-21 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret (Maggie) Holzman

(a) Residence: No. 3120 Foster ave, St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Holzman

6. DATE OF BIRTH (month, day, year) Nov 7 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Leistner

14. BIRTHPLACE (city or town) (State or country) Not known Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT John E Holzman

(Address) 3120 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood cem. Date Feb 15, 1934

19. UNDERTAKER George W. Finkler

(Address) 1737 E Eager St.

FEB 15 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 1932 to Feb 13, 1934

I last saw h... alive on Feb 13, 1934 Death is said to have occurred on the date stated above, at 12 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Feb 13

Other contributory causes of importance:

Paralysis from Cerebral Apoplexy	Jan 12

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) 1010 S. Wilmot Ave.

M. D. B. [illegible]

E 98383

E 98383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3418 Elliott St., 76-01 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Arthur Coleman

(a) Residence: No. 3418 Elliott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 28, 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messenger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R. R. Co.

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 4½ Yrs

12. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

FATHER

13. NAME Mr Arthur R. Coleman

14. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

MOTHER

15. MAIDEN NAME Marie A Witshes

16. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

17. INFORMANT Mrs Pearle Coleman
(Address) 3418 Elliott St

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem Date Feb 17, 1934

19. UNDERTAKER George W Zickler & Co
(Address) 1737 E. Eager St

20. FILED Huntington & St. Vincent Nat'l Bank
FEB 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933, to Feb 14, 1934

I last saw h[illegible] alive on Feb 14, 1934. Death is said to have occurred on the date stated above, at 2.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	About 1/33
Visceral Tuberculosis	Abt 32

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Lab + Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) E. A. Schumunk M. D.

(Address) 842 S. East Ave.

M. D. B. 1269-9 E 98384 ✓ E 98384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 28-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Annie Seasholtz

(a) Residence: No. 4812 Hadden ave. St., Ward.
(Usual place of abode) Irvington (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Annie Seasholtz

6. DATE OF BIRTH (month, day, year) Feb. 5 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Penna.
(State or country)

FATHER

13. NAME —

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT Annie Seasholtz
(Address) 4812 Hadden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 2/16/ 1934

19. UNDERTAKER John J. Morgan
(Address) 3000 E. Balto St.

20. FILED FEB 15 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12/ 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/10/34 19.. to 2/12/34 19..

I last saw him alive on 2/12/34 19.. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac - Failure.	?

Other contributory causes of importance:

Arterio - Sclerotic cardio Vascular renal disease & Anasarca. Diabetes mellitus.

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. D. Bullennith M. D.
(Address) Mercy Hospital Balto Md

M. D. B. 1268-9

E 98385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98385

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1138 Nanticoke St. 21-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Bauer

(a) Residence: No. 1138 Nanticoke St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Charles Bauer

6. DATE OF BIRTH (month, day, year): May 4 - 1853

7. AGE: Years 80; Months 9; Days 10; If LESS than 1 day, hrs. or min. ...

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: John F. Dempinger

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Dinniger

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Stella Bauer

(Address) 1138 Nanticoke St.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date Feb. 17 1934

19. UNDERTAKER: Jos. H. Valentine

(Address) 2326 Lisbon St.

20. FILED ... 19... for Public Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14/34 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934 to Feb 14 1934

I last saw her alive on Feb 4 1934 Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10 days
Arteriosclerosis	4 yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) ...

M. D. B. 1934 E 98386

E 98386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

205-007

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) U. S. Marine Hosp. Balto. Md
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Burton
(a) Residence: No. 1015 Vincent st. Balto. Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louise ?

6. DATE OF BIRTH (month, day, year) 6-1-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer C. C. C.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year) 2-12-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery West Va.

FATHER

13. NAME Louis Burton

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Burton

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT U. S. Marine Hosp. (Records)
(Address) Balto. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 2-15-1934
Joe Swinson & Bro

19. UNDERTAKER
(Address) 1212 N. Eutaw st

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 9.25 P.M.

The principal cause of death and related causes of importance were as follows:

Fracture of transverse processes of 1st. 2nd. 3rd. 4th 5th lumbar vertebrae left and 2nd right transverse process of lumbar vertebrae. (Cancer)

Date of onset: 2-12-34

Other contributory causes of importance:

Fracture of sacrum
Fractures of 9th-10th-11th & 12th ribs Shock, acute traumatic

Date of onset: 2-12-34

Name of operation Lab. & Clinical Findings Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, homicide~~: Fall Date of injury 2-13 1934
Where did injury occur? C.W.A. project - 5th Regiment
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Accidental fall.
Nature of injury Severe

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Laborer

(Signed) Wm. H. Morrissey M. D.
Coroner
(Address) 3637 Roland Ave.

M. D. B. 1264

E 98387

E 98387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) U. S. Marine Hosp. St., Point Md. (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis G. Rosenstiel

(a) Residence: No. 675 N. Franklin St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Sept 12, 1902

7. AGE: Years: 31 | Months: 5 | Days: 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C. W. A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: Charles S. Rosenstiel

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Catherine Murphy

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Records U. S. Marine Hosp

(Address): Balto. Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto. Cem. Date: 2-15- 1934

19. UNDERTAKER: Not Serving Dr - Bur

(Address): 1124 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-13 2/13 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13 1934 to Feb. 13 1934

I last saw him alive on 2-13 1934 Death is said to have occurred on the date stated above, at 11.45 A.M.

The principal cause of death and related causes of importance, were as follows:

Rupture traumatic of liver, right lung & pt kidney — Date of onset 2-13-34

Hemorrhage traumatic, intra abdominal.

Other contributory causes of importance:

Shock, acute traumatic — 2-13-34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury 2-13- 1934

Where did injury occur? Project #246 - C. W. A.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Industry - Hillside Park.

Manner of injury: Said bank caved in

Nature of injury: Accidental

24. Was disease or injury in any way related to occupation of deceased? yes. If so, specify: Labour on C W A project

(Signed) John J. Morrissey Coroner M. D.

(Address) 3632 Roland Ave

M. D. B. 1268-B

E 98388 E 98388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. W. Fayette St. 28-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Lydard

(a) Residence: No. 430 Wilkens Ave Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Lydard

6. DATE OF BIRTH (month, day, year) May 4, 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	8 9	18 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O Railroad 030

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md

FATHER

13. NAME L. Lydard

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Mrs Ford

16. BIRTHPLACE (city or town) (State or country) Montgomery Co.

17. INFORMANT Mrs Hilda Henze

(Address) 430 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL Lorraine Park Cemetery Date 2/15/34

19. UNDERTAKER George Leimach

(Address) 523 Fremont

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13- 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-7- 1934 to 2-13 1934

I last saw him alive on 2-13 1934. Death is said to have occurred on the date stated above, at 2:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-10-34
Other contributory causes of importance:	
Uremia	2-7-34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Leo F. Kulacki M. D.

(Address) Bon Secours Hospital

M. D. B. 1268-E 98389 ✓ E 98389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 E Federal St. 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillie M. Kieffner

(a) Residence: No. 2110 E Federal St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Kieffner

6. DATE OF BIRTH (month, day, year) May 5-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm C Bright

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sarah Roberts

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Hazel Burch

(Address) 2110 E Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Feby 17 1937

19. UNDERTAKER John Wenck

(Address) 2040 Eastern Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-8 1934 to 2-12 1937

I last saw h..... alive on 2-12 1937 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis	2-11
Degeneration	
Pulmonary Edema	2-12
Other contributory causes of importance:	
Diabetes Mellitus	2-07

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Daniel Miller M. D.

(Address) 1500 E Baltimore St

M. D. B. 1268-9

E 98390 ✓ M E 98390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John's Hopkins Hosp St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles R. Hinke

(a) Residence: No. 508 N. Belnord Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 20-21

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
12	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Joseph R. Hinke

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Matilda Paulsen

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Matilda Paulsen (Wife)
(Address) 508 N. Belnord Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date 2/17/34

19. UNDERTAKER Wm. F. Malster & Son
(Address) 2353 Gilmor St.

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from injury & autopsy to ... 19 ...

I last saw h... alive on injury, 19 ... Death is said to have occurred on the date stated above, at autopsy

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation Tracheotomy Date of 2/13/34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/13, 1934

Where did injury occur? Jefferson & Belnord Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Riding when he was coasting upon

Nature of injury struck an automobile

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Thoms Coroner, ... M. D.

(Address) 2200 E. Madison St.

M. D. B. 1268-9

E 98391 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 98391

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Greenmount & Lafayette Ave (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred [redacted] How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie B. Kehn (KEHN)
(a) Residence: No. Greenmount & Lafayette Ave Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William F. Kehn

6. DATE OF BIRTH (month, day, year) SEPT. 16-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

FATHER
13. NAME John Crouse
14. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

MOTHER
15. MAIDEN NAME Louisa Koons
16. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

17. INFORMANT William F. Kehn
(Address) Greenmount & Lafayette

18. BURIAL, CREMATION, OR REMOVAL
Place Prince Reform Taneytown Md. Date Feb 15- 1934

19. UNDERTAKER F. B. Hepbert & Son
(Address) 1300 Eutaw Place

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13- 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18 1933 to Feb. 13 1934
I last saw h[illegible] alive on Feb 13 1934 Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration between Onset and Death
Chronic Myocarditis	3 yrs
(Chronic) Emphysema & Bronchitis	3 yrs
Senile Arteria - Sclerosis	3 yrs
Acute Dil of Heart	6 hrs

Other contributory causes (or importance):

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) E. E. Mayer M. D.
(Address) 1 E. Eutaw St.

E 98392

M. D. B. 1268-9

E 98392 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: Baltimore City Hospitals 5-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ambrose Brown

(a) Residence: No. 421 2. Central Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Brown (dec)

6. DATE OF BIRTH (month, day, year) March 11, ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40 ?	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Augusta ? Me ?

MOTHER FATHER

13. NAME Ambrose Brown

14. BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

15. MAIDEN NAME Sadie Brown

16. BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place asbury cemetery Date Feb 17. 1934

19. UNDERTAKER Edw Bryson
(Address) 1631 orleans st

FEB 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1934 to Feb 13 1934

I last saw him alive on Feb. 13 1934. Death is said to have occurred on the date stated above, at 6 20 A m.

The principal cause of death and related causes of importance were as follows:

Septicemia ?
cause unknown

Date of onset 7 or 8

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Phagan M. D.

(Address) Balt. City Hosp

M. D. B 1261-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98393

CERTIFICATE OF DEATH

6-01 93-004

E 98393

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1753 Orleans St St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Dudley

(a) Residence: No. 1753 Orleans St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Ludley

6. DATE OF BIRTH (month, day, year) Jan 23/1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Dudley

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Demby

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Saml Avon Ludley (son)
(Address) 1753 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date 2/16/ 1934

19. UNDERTAKER Mrs Lopez & Bates
(Address) 142 Jefferson St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12/34

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Duration

Other contributory causes of importance:

Arthritis (knees) — 15 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner, M. D.

(Address) 528 Cathedral

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 98394

98394

CERTIFICATE OF DEATH

3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Silbert

(a) Residence: No. 1803 E Fairmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Milton

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rossi

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Levering Run Date 2/16/34 19

19. UNDERTAKER Sol Levin Inc
(Address) 1437 E. Baltimore St.

20. FILED — — 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14 , 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 , 1934 to Feb 14 , 1934

I last saw h alive on Feb 14, 1934. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhus Fever	2/2/34
Other contributory causes of importance: Bronchopneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel Levin , M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98395

CERTIFICATE OF DEATH

E 98395

94-005

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 748 Penna. Ave St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hyman Kaplan

(a) Residence: No. 748 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Kaplan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Tillie Benjiman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Fannie Bressler

(Address) 748 Penna Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2/16/34 19

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Balto

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1934 to Feb. 14 1934

I last saw him alive on Feb 14 1934 Death is said to have occurred on the date stated above, at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	2/6/34

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Milton Blumberg M. D.

(Address) 2904 Reisterstown Rd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 58396

Registered No. V 135

1. PLACE OF DEATH West Balto Gen. Hosp

CITY OF BALTIMORE: (No.) St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(MORRIS)

2. FULL NAME Meyer Hacks

(a) Residence: No. 1308 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Leba

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 52 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 63

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Joseph Hacks

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Hyda

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Hebrew Friendship Date: 2/16/34 19

19. UNDERTAKER: Jos. Levy & Co.
(Address) 1322 E. Baltimore St.

20. FILED FEB 16 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14/34 19

22. I HEREBY CERTIFY, That I attended deceased from 2/7/34 19 to 2/14/34 19

I last saw h[illegible] alive on 2/14/34 19 Death is said to have occurred on the date stated above, at 7:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	?
Primary Disease	?
Acute Urinary Retention	2/14/34

Other contributory causes of importance:

Gangrenous Pyelonephritis	?
Hemorrhoids	

Name of operation: Laparotomy Date of 2/7/34

What test confirmed diagnosis? Resection of Sigmoid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Kramer M. D.

(Address) West Balto Gen. Hosp

M. D. B 1268-9

E 98397

98397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Dead on arrival at St. Joseph Hospital St. 8-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME George R. Dudrow

(a) Residence: No. 3313 Elmora Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith C. (McDonald)

6. DATE OF BIRTH (month, day, year) Oct 31/1903

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CH4

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Andrew G. Dudrow

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Eloy Marceletta

16. BIRTHPLACE (city or town) (State or country) Louisville, Ky

17. INFORMANT Edith C. Dudrow
(Address) 3313 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel (Date 2/16/34 19

19. UNDERTAKER George J. Puth Inc
(Address) 133 Light St Balto Md

20. FILED FEB 16 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on about 2.30 A.M. 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to gunshot of abdomen injuring iliac vessels.

(Inquest)

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Feb 13/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Area in rear of 1520 E. Lanvale S

Manner of injury Shot by Policeman. mistak

Nature of injury -en for burglar.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Callan M. D.
Coroner

(Address) 508 E. North Ave

M. D. B 1268-9

(Kober)

E 98398

98398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Kober

(a) Residence: No. Sinai Hospital 122 N. Highland Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Feb 14 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Frank Hanna Kober Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

15. MAIDEN NAME Johanna Patig

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMANT Frank Kober Sr.

(Address) 122 N. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Jewish Cemetery Date Feb 14 1939

19. UNDERTAKER

(Address)

20. FILED Feb 14 1939 Hamilton Williams, Registrar.

13 1934 0118

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14-39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2-14-39 . 19 . to 2-14-39 . 19

I last saw him alive on 2-14-39 . 19 . Death is said to have occurred on the date stated above, at 2.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Cecilia Bobus Cohen M. D.

(Address) Sinai Hosp. Bal

M. D. B. 1268-9

E 98399

HEALTH DEPARTMENT—CITY OF BALTIMORE

98399

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 10-01 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth 27 yrs. ..... mos. ..... ds.

2. FULL NAME Sr. M. Eileen Flood

(a) Residence: No. 201 Aisquith Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 3, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	11	13 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Flood

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Briget O'Dea

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Srs. of Notre Dame
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Notre Cliff Rd Date Feb 17 1934

19. UNDERTAKER Frank G. Fink
(Address) 910 N. Gay St

FEB 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1934 to February 14, 1934
I last saw h.. alive on February 14, 1934 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Thrombosis	
Sepsis	
Bed sores	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) S. M. Magenelle M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Spec.—I-12 23—M&T—500 Blks.

E 98400 E 98400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Argyle ST. 14-01 WARD)

2-FULL NAME Theresa Dyson

(a) RESIDENCE NO. 1402 Argyle ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nathaniel

6 DATE OF BIRTH (month, day, and year) March 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Charlotte Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Emma Burgston (Address) 1402 Argyle Ave

Filed FEB 15 1934, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 12 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1933. to Feb 12. 1934.

that I last saw h[er] alive on Feb 11. 1934.,

and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis and Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. J. Worthy, M. D.

2/14, 1934 (Address) 14 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel

DATE OF BURIAL Feb. 16 1934

20 UNDERTAKER Wm. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.—1-12-23—M&T—500 Blks.

98401 E 98401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 438 E. 23rd St., 9-01 WARD)

2-FULL NAME John C. Westcott

(a) RESIDENCE NO. 438 E. 23rd St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Vandelia

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Jerod Westcott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lana Featherbay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Vandelia Westcott
(Address) 438 E 23rd St

15 Filed [illegible] 19 Registrar

15 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 13 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1933 to Feb. 13, 1934.

that I last saw h— alive on Feb. 13, 1934.

and that death occurred, on the date stated above, at 7:15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) General Edema

& Age (duration) 1 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical Examination

(Signed) D. J. Dall, M. D.

, 19 (Address) 1726 Eutaw St Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 2/15/1934

20 UNDERTAKER Wm. George H. Collard

ADDRESS 631 Druid Hill Ave

M. D. B. 1268-9

✓ E 98402

98402

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Carroll

(a) Residence: No. 1512 Madison Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Carroll

6. DATE OF BIRTH (month, day, year) April 16-1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert Lewis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Robert Carroll
(Address) 1512 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb 15 1934

19. UNDERTAKER Mrs. Lena H. Rollins
(Address) 1516 N. Dimid Hill Ave

FILED 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-13-34 . 19 ... to 2-12-34 . 19 ...

I last saw her alive on 2-12-34 . 19 ... Death is said to have occurred on the date stated above, at 12 12 A m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) William Fitzhugh Rogers M. D.

(Address) Provident Hospital

M. D. B. 1268-9

✓ E 98403

8403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL — BALTIMORE, MD.

CITY OF BALTIMORE: (No. 2 Lee St. Ward 27-01)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Busch

(a) Residence: No. 4110 Harris Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Busch

6. DATE OF BIRTH (month, day, year) Jan 26 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 800

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME — — Busch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Richard N. Busch
(Address) 4110 Harris Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys (Cemetery) Date Feb 15 1934

19. UNDERTAKER Philip Sterling Sons
(Address) 246 Calhoun St.

20. FILED Feb 15 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 19. 1934. to February 13. 1934

I last saw him alive on February 13. 1934 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Prostatic hypertrophy	
2. Uremia	
3. Anuria / myocarditis	
4. Parkinsons Syndrome	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

98404

✓ E 98404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 752 S Bond St., B-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Levinson

(a) Residence: No. 752 S Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Levinson

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Chevia Merrumbloom

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Merrumbloom

(Address) 3 N Montford ave

18. BURIAL, CREMATION, OR REMOVAL

Balto Hebrew Cemetery Date Feb 15. 1934

19. UNDERTAKER S Levinson Bro

(Address) 112 E Baltimore St

FILED FEB 15 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. Levinson M. D.

Coroner

(Address) 105 N Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

E 98405

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98405

CERTIFICATE OF DEATH

23

REGISTERED NO. 27-91

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6300 Old Harford Rd ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm. G. Doyle

(a) RESIDENCE NO. 6300 Old Harford Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hermina Nagle Doyle

6 DATE OF BIRTH (month, day, and year) 11-4-94

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer for Sun

(b) General nature of industry, business, or establishment in which employed (or employer) Printing

(c) Name of employer The Sun (A.S. Abell Co.)

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James P. Doyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Margaret Lacey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant James P. Doyle (Father)
(Address) 6300 Old Harford Rd.

15 Filed 5 1934 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-14-34

17 I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1933 to Feb. 14, 1934.

that I last saw him alive on Feb. 13, 1934

and that death occurred, on the date stated above, at 12 20 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 3 yrs. Unknown mos.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical evidence - X-ray.

(Signed) Wm. B. Seybert, M. D.

19 (Address) 7802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Feb 16 1934

20 UNDERTAKER Leonard J Ruck — ADDRESS 5305 Harford Rd

M. D. F. 1268-9

✓ E 98406

HEALTH DEPARTMENT—CITY OF BALTIMORE

98406

CERTIFICATE OF DEATH

106-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1715 N Fulton Ave 15-01 (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary M Burns

(a) Residence: No. 1715 N Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): March 11-1931

7. AGE: Years 3 | Months 11 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Edward J Burns

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Margaret Jo Dantzman

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Ed J Burns

(Address) 1715 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL: Mem Cathedral Date 2/16 1934

19. UNDERTAKER: Leonard J Keyser

(Address) 2305 Hanford Rd

Registrar.

FEB 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/14, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 3rd 1934 to February 14th 1934

I last saw h[illegible] alive on Feb 14th 1934 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	2/3/34
Other contributory causes of importance: Acute Bronchitis and Convulsions	2/3/34

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Sumwalt M. D.

(Address) 1717 N Fulton Ave

M. D. B 1268-9

E 98407

98407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 2 yrs. mos. ds.

2. FULL NAME Isaac Seltzer

(a) Residence: No. 607 Aisquith St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
31	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Delicatessen Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

13. NAME Benjamin

FATHER

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida Snitzer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Seltzer
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Int Assn Date 2/5/34 19

19. UNDERTAKER Jack Davis Inc
(Address) 1439 E. Baltimore St

20. FILED 2/6/1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at 2.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Traumatic Meningitis	
Accidental.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 2/11 19....

Where did injury occur? 607 Aisquith St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Slipped in bathroom, fell.

Nature of injury Fracture of Fore head.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) O F Burgard MD Coroner, M. D.

(Address) 1305 N. Fulton Ave

Spec.—1-12-23—M&T—500 Blks.

E 98408

E 98408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 Collins Avenue ST. 20-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Rose

(a) RESIDENCE NO. 120 Collins Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 12 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 8, 1933

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	one	—	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infants ward

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm E. Rose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Naomi Mothersell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Wm E Rose

(Address) 120 Collins Ave

15 1934 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH 0

16 DATE OF DEATH (month, day, and year) Feb 15 1934

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1934, to Feb 15, 1934,

that I last saw him alive on Feb 14, 1934,

and that death occurred, on the date stated above, at 7 15 A. m.

The CAUSE OF DEATH* was as follows:

measles

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Karl W. Ehling, M. D.

, 19 (Address) 5200 Tilbury Way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem

DATE OF BURIAL Feb 16 1934

20 UNDERTAKER Martin Fahey Sons

ADDRESS 1827 W. North Ave

M. D. B. 1268-9

98409 E 98409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 4-01 (Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joshua Tubbs

(a) Residence: No. 2 S Frederick St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Tubbs (dead)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. "Steel worker"

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va

FATHER

13. NAME Tolliver Tubbs

14. BIRTHPLACE (city or town) (State or country) Nottoway Co Va

MOTHER

15. MAIDEN NAME Lou Lumley

16. BIRTHPLACE (city or town) (State or country) Nottoway Co Va

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place U of M Med College Date Feb 15 . 19 34

19. UNDERTAKER ..... (Address) .....

20. FILED FEB 17 1934 Harrison Williams, M.D. Registrar.

0119

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934 to Feb 12, 1934

I last saw him alive on Feb 12 1934 Death is said to have occurred on the date stated above, at 9:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial insufficiency	?

Other contributory causes of importance:

Name of operation ..... Date of ... No

What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I D Magill ..... M. D.

(Address) Balt City Hosp

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

E 98410

98410 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 West 40th St., 13-W Ward)

Length of residence in city or town where death occurred 56 yrs. 9 mos. 27 ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

2. FULL NAME Amelia Mueller Steinmueller

(a) Residence: No. 610 West 40th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore A. Steinmueller

6. DATE OF BIRTH (month, day, year) April 17, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Frederick Mueller

14. BIRTHPLACE (city or town) -------
(State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Wolf

16. BIRTHPLACE (city or town) -------
(State or country) Germany

17. INFORMANT Theodore A. Steinmueller
(Address) 610 West 40th Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date 2/16 1934

19. UNDERTAKER Hanby & Mears
(Address) 205 N. Eutaw Street

[illegible] Registrar.

FILED 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1934 to Feb 14 1934

I last saw h[illegible] alive on Feb 6 1934 Death is said to have occurred on the date stated above, at 10.2[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilation	
Uremic Intoxication	
Other contributory causes of importance:	

Name of operation None Date of -

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilbur Burke M. D.

(Address) 15 Chase Road

M. D. H. 1268-9

F 98411

98411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 3-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Di Pete

(a) Residence: No. 817 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan? 15, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Sonatro ?

14. BIRTHPLACE (city or town) (State or country) ? Italy

MOTHER

15. MAIDEN NAME Rosa Fusco

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem Date Feb 16, 1934

19. UNDERTAKER Frank V. Whitacre (Address) 1st W. Lexington Street

151934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1934 to Feb 14, 1934

I last saw him alive on Feb 14, 1934 Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	?
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Pinagel M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1930 E 98412 E 98412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 78

1. PLACE OF DEATH St Agnes Hospital Registered No.

CITY OF BALTIMORE: (No. Wilkens + Caton St. 25 W (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Schatz

(a) Residence: No. 31 Bishop's Lane St., Ward.
(Usual place of abode) Catonsville, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16, 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	8	30 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 30/33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bret Md

FATHER

13. NAME Edward Schatz

14. BIRTHPLACE (city or town) (State or country) Catonsville Md.

MOTHER

15. MAIDEN NAME Evelyn Sanders

16. BIRTHPLACE (city or town) (State or country) New York City N. Y.

17. INFORMANT Edward Schatz
(Address) Bishop Lane Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Feb. 19 1934

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. FILED FEB 15 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) Feb. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1934 to Feb. 15, 1934

I last saw h~~im~~ alive on Feb. 15, 1934 Death is said to have occurred on the date stated above, at. 7 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phlebitis & Acute Nephritis	3 weeks
Other contributory causes of importance: Encephalitis	10 days

Name of operation Date of

What test confirmed diagnosis? Cl. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Bogelle M. D.

(Address) 336 Frederick Ave.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

M. D. H. 1268-9

E 98413

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98413

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3307 E Baltimore St., 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. 3307 E Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 28 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Frederick Schlicter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary C Lohr

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ella Schlicter

(Address) 3307 E Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Ark Lawn Cem. Date Feby 15 1934

19. UNDERTAKER John Wenck

(Address) 2200 Orleans

20. FILED FEB 13 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1934 to Feb 13 1934

I last saw h... alive on Feb 13 1934 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal	?
Fever	

Other contributory causes of importance:

Acute Bronchitis	2/6/34

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓ 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P Kenny M. D.

(Address) 2200 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. E-98414

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98414

CERTIFICATE OF DEATH

X407-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Diggs

(a) Residence: No. 421 Jefferson Ave. Lowson, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Diggs

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Louis Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Faulk

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sam'l T. Hinkley

(Address) 421 Jefferson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Institution. Date 2/17 . 1934

19. UNDERTAKER Samuel T. Hinkley

(Address) 572 W. Biddle St.

20. FILED ... . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Broncho-pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D. Coroner

(Address) ...

M. D. B. 1268 E 98415

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98415

CERTIFICATE OF DEATH

✓ 93-004

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital Sts. 11-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Hawkins

(a) Residence: No. 1014 Madison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Hawkins

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Hawkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriet Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. A. Hawkins
(Address) 1014 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 2/16 . 1934

19. UNDERTAKER Samuel F. Hemsley
(Address) 515 W. Biddle St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency,	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner . M. D.

(Address) ...

E 98416

M. D. B. 1928-9

E 98416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-002

Registered No. 12501

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beulah M. Pyle

(a) Residence: No. 117 W. 27th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ WIFE of Howard E. Pyle

6. DATE OF BIRTH (month, day, year) Sept 22, 1902.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31.	4	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co (State or country) Md.

FATHER

13. NAME Isaac Emory

14. BIRTHPLACE (city or town) Balto Co (State or country) Md.

MOTHER

15. MAIDEN NAME Maggie Bull

16. BIRTHPLACE (city or town) Balto Co. (State or country) Md

17. INFORMANT Maggie Bull Emory

(Address) 117 W. 27th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Feb. 17, 1934

19. UNDERTAKER Walter Sons

(Address) 2111 Pennsylvania Ave

20. FILED FEB 16 1934, 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Feb 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1934 to Feb. 14, 1934

I last saw h. alive on Feb. 14, 1934 Death is said to have occurred on the date stated above, at 10.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 14,
Other contributory causes of importance: Pregnancy	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Tormey M. D.

(Address) Vol. Hospital

M. D. B. 1269

E 98417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98417

CERTIFICATE OF DEATH

281778

89-002

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 10-A Ward)

Length of residence in city or town where death occurred ✓ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Corinna Pigford

(a) Residence: No. 1105 Ashland Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/5/28

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Mr Rennon Pigford

14. BIRTHPLACE (city or town) (State or country) Ala.

MOTHER

15. MAIDEN NAME Alvenda Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cem. Date Feb. 16th 1934

19. UNDERTAKER Bryant Maggie W. Knight
(Address) 2180 McElderry St

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-14 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb-6 1934 to Feb-14 1934

I last saw h.e alive on Feb-14 1934 Death is said to have occurred on the date stated above, at 465 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cavernous sinus Thrombosis	Feb-10-
Secondary to Acute Mastoiditis (left)	Feb-6.

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Burnside Feldman M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Bks.

E 98418

E 98418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-002

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No Provident Hospital ST 14-01 WARD)

2. FULL NAME Baby Pyor

(a) RESIDENCE NO. Provident Hospital ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Newborn

5a If married, widowed, or divorced WIFE of (or) HUSBAND of: .....

6 DATE OF BIRTH (month, day, and year): 1-29-34

7 AGE: Years ..... Months ..... Days 6 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Newborn

(b) General nature of industry, business, or establishment in which employed (or employer): ....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Henry C. Pyor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Marella Patrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ala.

14 Informant: Marella Pyor
(Address): 342 Bloom St.

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-4-34

17

I HEREBY CERTIFY, That I attended deceased from 1-29, 1934, to 2-4, 1934

that I last saw h.. alive on 2-4, 1934

and that death occurred, on the date stated above, at 12 55 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Icterus Neonatorum

(duration) yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) Calvin B. LeCompte M. D.

19 (Address) Provident Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dist. Col. Crematory

DATE OF BURIAL: Mar 20 19 34

20 UNDERTAKER .....

ADDRESS .....

FEB 6 1934

(Over) 0229

M. D. B. Dec. 6

E 98419

E 98419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Rutland Ave St., 8-01 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susannah Miller

(a) Residence: No. 1207 Rutland Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Henry Miller

6. DATE OF BIRTH (month, day, year) June 21-1839

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs Lina Burner

(Address) 1207 Rutland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date Feb 17 . 1934

19. UNDERTAKER George W. Zirkler

(Address) 1 E Eager St Balto

20. FILED ... 19 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 11 . 1934 to Feby 15 . 1934

I last saw her alive on Feby 13 . 1934 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Bronchitis	
Other contributory causes of importance:	
Old Age	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter W White Jr M. D.

(Address) 2800 St Paul St

M. D. B. 1208 E 98420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98420

CERTIFICATE OF DEATH

49

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hospital for Women of Maryland

CITY OF BALTIMORE: (No. John St & Lafayette Ave St., 15-01 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Bennie Mae Whiteman

(a) Residence: No. 2507 Elsinore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Benjamin H Whiteman

6. DATE OF BIRTH (month, day, year) Dec 25th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME John L Woodland

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary Turner

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mr Benj H Whiteman

(Address) 2507 Elsinore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 16. 1934

19. UNDERTAKER Jackson & Sons

(Address) Baltimore

20. FILED Feb 16 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2, 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1 29 1934 to 2, 13 1934

I last saw h[illegible] alive on 2 - 13 1934 Death is said to have occurred on the date stated above, at 7 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of Ovaries	
Generalized Metastasis	

Other contributory causes of importance:

Mechanical Intestinal Obstruction

Name of operation Biopsy of Ovarian tumor & Hysterectomy Date of 1 31 34

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Burton L Compton M. D.

(Address) Woman's Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

E 98421

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98421

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-01 Ward)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie Thomas

(a) Residence: No. 225 Cove Alley St., 225 Cove Alley. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	?

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 089

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records ✓ (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Feb. 16, 1934

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schroeder St.

20. FILED FEB 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1934 to Feb 14 1934

I last saw him alive on Feb 14 1934 Death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 wks ?
Hemiplegia	

Other contributory causes of importance:

Arteriosclerosis	over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagel M. D.

(Address) Balt City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible]

E 98422 ✓ E 98422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hosp. St., [illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Kunigunde Bernheimer

(a) Residence: No. 919 S. Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — infant

6. DATE OF BIRTH (month, day, year) 2 · 4 [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) md.

MOTHER FATHER

13. NAME Herbert D. Bernheimer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Josephine C. Standenmeyer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) 919 S. Bouldin Ave Josephine Bernheimer

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date Feb. 16 . 34

19. UNDERTAKER (Address) Lilly & Freiler Inc. 405 Fulton Ave.

20. FILED FEB 16 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 14 , 1934

22. I HEREBY CERTIFY, That I attended deceased from 2 - 8 - 34 , 19 , to 2 - 14 , 19 34

I last saw h[illegible] alive on 2 - 14 , 19 34 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth 16 mon	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. J. Cooney md M. D.

(Address) Vol. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. E 98423 ✓ E 98423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518.E.Fairmont Ave St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman Ratke

(a) Residence: No. 2518.E.Fairmont Ave St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Ratke

6. DATE OF BIRTH (month, day, year) Oct. 8/1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25 36	5 4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Earnest Ratke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Pausch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Agnes Ratke (wife)
(Address) 2518.Fairmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 18. 1934

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 1330 E. Fayette St.

20. FILED FEB 16 1934 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1932 to Feb 15 - 1934

I last saw him alive on Feb 15 1934 Death is said to have occurred on the date stated above, at 1 20 a m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Myocarditis		1932
Chr. Nephritis		1932
Uremia	Feb 10	1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edward J. Erickson, M. D.
(Address) 3507 Fait Ave

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-B

E 98421 James F. Devlin ✓ E 98421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James F. Devlin

(a) Residence: No. 401 N. Curley St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Devlin

6. DATE OF BIRTH (month, day, year) Aug. 5/1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6	23 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D.S.C. Dept.

10. Date deceased last worked at this occupation (month and year) Feb. 1934

11. Total time (years) spent in this occupation Balto. Md.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME James Devlin

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Farley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine Devlin

(Address) 401 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cat. Lawn Cem. Date Feb. 17 19 34

19. UNDERTAKER Tilley & Zeiler Inc.

(Address) 402 N. Wolfe St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 8.45 A.M.

The principal cause of death and related causes of importance were as follows:

Probably Coronary Occlusion (Heart) — Date of onset

Other contributory causes of importance:

????

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. J. H. Ogle Coroner, M. D.

(Address) 508 E. Fayette

M. D. B. 12 E 98425

E 98425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2433 Edmondson Ave 20-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kate Hensel

(a) Residence: No. 2433 Edmondson Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Hensel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Bruning

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Harry A. Hensel

(Address) 2433 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 17, 1934

19. UNDERTAKER Mr. & Mrs. John H. Teufel & Son

(Address) 501 W. Fayette St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933 to Feb 14th, 1934

I last saw h[illegible] alive on Feb 7, 1934. Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis.	
Terminal Pneumonia	
Chronic Bronchitis	
Bronchial Asthma	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 4901 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268

E 98426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98426

93-003

Registered No. 45-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3707 Liberty Heights Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert R. Pracht

(a) Residence: No. 3707 Liberty Heights Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Baetjer

6. DATE OF BIRTH (month, day, year) Dec. 25, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (State or country) Baltimore Md.

FATHER

13. NAME Charles Pracht

14. BIRTHPLACE (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Mathes

16. BIRTHPLACE (State or country) Germany

17. INFORMANT (Address) Anna L. Pracht 3707 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Feby. 17 19 34

19. UNDERTAKER John O. Mitchell & Sons Inc.
(Address) 1909 Eutaw Place

20. FILED FEB 18 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-10-1934 to 2-15-1934 Death is said I last saw him alive on 2-15-1934 to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia

Date of onset

Other contributory causes of importance

Myocarditis.

Arterio sclerosis.

Name of opecation none Date of none

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Residence.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no.

(Signed) Amerith Sorrell M. D.

(Address) 3705 Liberty Heights Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 98427 HEALTH DEPARTMENT—CITY OF BALTIMORE E 98427

72-001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (If death occurred in a hospital or institution, give its NAME instead of street and number.)

No. 4017 Bateman ST. (E or W) WARD

2—FULL NAME Leonard Dale Hochman

(a) RESIDENCE NO. 4017 Bateman Ave ST., WARD Indianapolis Ind
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maud Hochman

6 DATE OF BIRTH (month, day, and year) May 20

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Gas Ranges

(c) Name of employer Chambers Bell Co.

9 BIRTHPLACE (city or town) Illinois
(State or country)

PARENTS

10 NAME OF FATHER Adolph J. Hochman

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Clara Corthum

13 BIRTHPLACE OF MOTHER (city or town) Ind.
(State or country)

14 Informant Noble E. Hochman

(Address) 4017 Bateman Ave

15 FEB 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-15-34

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14th, 1934, to Feb. 15, 1934, that I last saw him alive on Feb 15th, 1934, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency

Chronic Nephritis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Pressure Examination

(Signed) Wm S. Schmunk, M. D.

. 19 (Address) 701 Gaither Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Indianapolis Ind — DATE OF BURIAL Feb 16 1934

20 UNDERTAKER Chas. E. Franck — ADDRESS 802 Madison Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

E 98428

Registered No. E 98428

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 20-91 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Robinson

(a) Residence: No. 1835 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22-1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Robert Lee Ballow

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Flora Holden

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Flora Ballow

(Address) Glade Spring Va

18. BURIAL, CREMATION, OR REMOVAL

Place Glade Spring Va Date Feb. 16, 1934

19. UNDERTAKER George E. Schwab

(Address) 2101 Frederick Ave

20. FILED FEB 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1933, to Feb 14, 1934

I last saw her alive on Feb 14, 1934 Death is said to have occurred on the date stated above, at 7:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Abscess	July 1933
Other contributory causes of importance: Myocardial Failure	Feb 12/34

Name of operation Abdominal Panhysterectomy Date of Jan 16, 1934

What test confirmed diagnosis Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Gustav Hochstein, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98429 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 98429

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 N. Read St. 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 6 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Liberto

(a) Residence: No. 318 N. Read St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 25th 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Angelo Liberto

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Passano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Angelo Liberto
(Address) 318 N Read St.

18. BURIAL, CREMATION, OR REMOVAL
Place Fair Hill Cemetery Date Feb 17th 1934

19. UNDERTAKER F. C. Sheppard & Son
(Address) 1300 Eutaw Place

20. FILED FEB 19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15/1934

22. I HEREBY CERTIFY, That I attended deceased from 2-10-1934, to 2-15-1934

I last saw h... alive on 2-10-1934. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute infected Tonsils	
Acute endocarditis	
Lungs. Contributory	
Pulmonary Tuberculosis	
Epilepsy	
Other contributory causes of importance:	
Valvular disease of heart —	
Acute cardiac dilatation	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 98430 E 98430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Brooks

(a) Residence: No. Sinai Hosp St., ... Ward. Pikesville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)			
7. AGE Years	Months	Days	If LESS than 1 day, 12 hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Theodore Brooks

14. BIRTHPLACE (city or town) (State or country) Pennsylvania Va.

MOTHER

15. MAIDEN NAME (Mrs.) Lottie Brooks

16. BIRTHPLACE (city or town) (State or country) Pennsylvania Va.

17. INFORMANT Theodore Brooks
(Address) Lincoln Cem. Jarrettsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Jr. H. Med Colley Date Feb 16, 1934

19. UNDERTAKER
(Address)

20. FILED FEB 16 1934 19 [illegible]

0120

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-14-34 at 4:20 a.m. to 2-14-34 at 4:30 p.m. 19...

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Intracranial Hemorrage	
2) Tear Tentorium Cerebri	

Other contributory causes of importance:

1) Prematurity

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No ..... If so, specify .....

(Signed) Archie Robert Cohen M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks

E 98431

E 98431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 724 N Fulton Ave (St.) 16-01 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Albert Lohr

(a) RESIDENCE NO. 724 N. Fulton Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Coral Nelson Lohr

6 DATE OF BIRTH (month, day, and year) Aug 14-1860

7 AGE Years 73 Months 6 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer State Mutual Life Ins Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George Lohr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ellen Lohr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) George Nelson Lohr 724 N Fulton Ave

15 Filed [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 15-1934

17 I HEREBY CERTIFY, That I attended deceased from 2-4 1934 to 2-15 1934

That I last saw h[illegible] alive on 2-15 1934

and that death occurred, on the date stated above, at 5 0 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Heart Disease

Coronary Thrombosis

(duration) 5 1/2 hours. yrs. mos. ds.

CONTRIBUTORY (but not related to disease or condition causing death) Fall on ice (See note on other side)

(duration) yrs. mos. ds.

Was there any disease contracted within 3 months prior to date of death?

Did an operation precede death? No Date of

Was there an autopsy?

What confirmed diagnosis?

Signed J Nelson Carey M. D.

19 (Address) 1014 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

Feb 16 '34 Dr. Smith Coroner

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem. DATE OF BURIAL Feb 17 1934

20 UNDERTAKER Kerman Gore ADDRESS 2324 N. Fulton Ave

TION is very important. See instructions on back of certificate.

B 15 1934

M. D. B. 1268-0

E 98132

HEALTH DEPARTMENT—CITY OF BALTIMORE

98132

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hospitals 1-01 Ward)

Length of residence in city or town where death occurred 54 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Gilbert H Turner

(a) Residence No. 607 W Redwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 13, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Turner

14. BIRTHPLACE (city or town) (State or country) Huntsville Texas

MOTHER

15. MAIDEN NAME Mary Shanks

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Records Balt City Hosp (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marys Date Feb 16, 1934

19. UNDERTAKER Frank H Tubbs & Son (Address) 2518 E Baltimore St

20. FILED FEB 17 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1934 to February 14, 1934 I last saw him alive on Feb. 12, 1934. Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows

Date of onset

Hypertension
Cerebral hemorrhage
b c congestive failure

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magill M. D.

(Address) Balt. City Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98433

98433 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4309 Falls Road St., 27-W Ward)

Length of residence in city or town where death occurred 10 yrs. 6 mos. 25 ds. How long in U. S. If of foreign birth 10 yrs. 6 mos. 25 ds.

2. FULL NAME Frank Allan Garrison

(a) Residence: No. 4309 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) July 21 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank A. Garrison

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Della Adler Garrison

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Frank A. Garrison Father

(Address) 4309 Falls Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Feb 17 1934

19. UNDERTAKER Howard Funeral Home

(Address) 1300 Eutaw Pl

20. FILED FEB 17 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1933 to Feb 15, 1934. I last saw him alive on Feb. 15, 1934. Death is said to have occurred on the date stated above, at 10-35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphocytic Leukemia about	11/25/33
Other contributory causes of importance: Pulmonary Edema	2/14/34

Name of operation None Date of

What test confirmed diagnosis? Examination of Blood No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Gibson Porter, M. D.

(Address) 4822 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98434

98434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2540 Edmondson Ave St. 30 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward P McCormick

(a) Residence: No. 2540 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret McCormick

6. DATE OF BIRTH (month, day, year) Jan 4 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Over

10. Date deceased last worked at this occupation (month and year) Feb 13 34

11. Total time (years) spent in this occupation 20 yr

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Patrick McCormick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ahearn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret McCormick

(Address) 2540 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Feb. 17 1934

19. UNDERTAKER Margaret E. Flynn

(Address) 2107 N. Hilton St.

20. FILED ... 19... ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1934 to Feb 14 1934

I last saw him alive on Feb 14 1934 Death is said to have occurred on the date stated above, at 2.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic heart disease	Unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred C Jewett M. D.

(Address) 2516 Penna Ave

M. D. B. 1268-9

E 38435

HEALTH DEPARTMENT—CITY OF BALTIMORE

38435

CERTIFICATE OF DEATH

V 133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Byrd St. 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Harry J. Tormollan

(a) Residence: No. 1818 Byrd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Nora Klehr

6. DATE OF BIRTH (month, day, year) Aug 6. 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frank Tormollan

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Dorothy Langley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Nora Tormollan (Address) 1818 Byrd St

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem. Date Feb 19, 1934

19. UNDERTAKER Margaret J. Flynn (Address) 1428 Light St

20. FILED FEB 19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Feb 15, 1934.

I last saw him alive on Feb 15, 1934. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyleo-Nephritis	NOV-1-33
Arteriosclerosis	2 Yrs.

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

Feb 15 34 (Signed) R. H. Campbell M. D.

(Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98436

98436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 15-91

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2026 Elston Ave St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 23 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alice V. Lane
(a) Residence: No. 2026 Elston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced
~~HUSBAND~~ of (or) WIFE of John Lane

6. DATE OF BIRTH (month, day, year) July 7 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper in home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville Maryland

FATHER

13. NAME Thomas Hunter
14. BIRTHPLACE (city or town) (State or country) Centerville Maryland

MOTHER

15. MAIDEN NAME Marion Stant
16. BIRTHPLACE (city or town) (State or country) Centerville Maryland

17. INFORMANT Mrs Flossie Powell
(Address) 2026 Elston Ave

18. BURIAL, CREMATION, OR REMOVAL Date 2/17 1934
Greenfield Cem

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED FEB 19 1934 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 14. 1934

22. I HEREBY CERTIFY, That I attended deceased from Febr 2 1934 to Feby 14 1934
I last saw h[illegible] alive on Febr 14 1934 Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Coronary thrombosis	Days
1st Mitral & Aortic Cardiac Hypertrophy	
Contributory Pneumonia	
1st Lobe Left Lung	
Other contributory causes of importance Mitral Stenosis	
Fracture Left Neck of Femur	
& Cystocele	

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 1606 N. Monroe St

M. D. B. 1268-9

E 98437

98437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 W. Lombard St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irma Pearl Heine

(a) Residence: No. 1542 Abbottson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Harry Heine

6. DATE OF BIRTH (month, day, year): Oct 13th 1889

7. AGE — Years: 44 — Months: 4 — Days: 1 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Ed Parker Gray

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Anna R. Wagner

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Elizabeth Smith 1033 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL — Place: Mt Olivet Date: Feb 16th 1934

19. UNDERTAKER (Address): Ira Cook 127 St Paul St

20. FILED: FEB 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 14th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934 to Feb 14, 1934

I last saw her alive on Feb 14, 1934. Death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast (Right)	July 1932
Metastases to Lung	

Other contributory causes of importance:

Name of operation: Removal of Breast Date of: July 1933

What test confirmed diagnosis: Microscopic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A. Edmunds M. D.

(Address) 2746 Alameda

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 98438

E 98438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59V

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mt. Hope Hospital St. 91 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Bronikowski

(a) Residence: No. 1904 Fleet St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Catherine Bronikowski

6. DATE OF BIRTH (month, day, year) Feb. 14, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Vincenti Bronikowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Katarzyna Kapica

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Katherine Kronikowski
(Address) 1904 Fleet St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb 17, 1934

19. UNDERTAKER Swartzbaugh
(Address) 1980 O'Donnell

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931 to Feb 14, 1934

I last saw him alive on Feb. 14, 1934 Death is said to have occurred on the date stated above, at 1:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	2 yrs
Myocardial degeneration	2 yrs
Arteriosclerosis & Nephritis	2 yrs

Other contributory causes of importance:

Pneumonia	
Decompensation	4 wk

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3532 Kenwood St. 13-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Audrey L. Krout

(a) Residence: No. 3532 Kenwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 6 1934.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Leroy A. Krout.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Grace A. LaMott.

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Leroy A. Krout.
(Address) 3532 Kenwood Road.

18. BURIAL, CREMATION, OR REMOVAL
St. Marys Hampden Date Feb 16, 1934

19. UNDERTAKER Ellsworth Lore.
(Address) 3452 Lyndhurst Ave

20. Filed Feb 16 1934 Huntington Hollands, Md
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1934 to Feb 16, 1934

I last saw her alive on Feb 16, 1934 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	
Edema Glottis	
Heart Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Howard Bell, M. D.

(Address) 2 E. Eager St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98440

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98440

CERTIFICATE OF DEATH

v 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Hollins Rd St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Boyle

(a) Residence: No. 619 Hollins Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 24th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	1	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Boyle

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Elizabeth Nolan.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr. Charles A. Boyle

(Address) 619 Hollins Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Ridge Cem. Date 2-14, 1934

19. UNDERTAKER John F. Cowan & Son

(Address) 701 Hollins St.

20. FILED FEB 16 1934, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15/1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1934 to Feb 15, 1934

I last saw h[illegible] alive on Feb 15, 1934 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Myocardial failure

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis D. Gillen, M. D.

(Address) 900 E. 34th St.

VS 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

98441

E 98441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave. St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? 41 yrs. mos. ds.

2. FULL NAME Mrs. Sarah W. White

(a) Residence: No. Montreal, Canada St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 0

12. BIRTHPLACE (city or town) (State or country) Montreal, Canada

FATHER

13. NAME James White

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT St. Agnes Hospital

(Address) Wilkens & Caton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Montreal Canada Date Feb. 16, 1934

19. UNDERTAKER Martin Fikes & Sons

(Address) 1527 W. North Ave

FILED FEB 19 1934 Huntington Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1934 to Feb. 15, 1934

I last saw him alive on Feb. 15, 1934. Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/13
Other contributory causes of importance: Arteriosclerosis	?
Hypertension	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G. Herbst M. D.

(Address) St Agnes Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

E 98442

M. D. B. 1268-9

E 98442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-11 Ward)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ? yrs. ? mos. ? ds.

2. FULL NAME Henry Robinson

(a) Residence: No. 1503 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Rounds
(Address) Balt City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/16 19 34

19. UNDERTAKER Thomas E. Kelly & Son
(Address) 1303 Druid Park Dr

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1933 to February 12, 1934

I last saw him alive on Feb. 12, 1934 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accident, Left Hemiplegia, right	3 hrs.
Other contributory causes of importance:	5 yrs

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) T Phagel M. D.

(Address) Balt City Hospitals

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1934

M. D. B. 1268-0

98443 E 98443

282057 Md 1a 40 2d

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles G McCue

(a) Residence: No. 1512 N. Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret

6. DATE OF BIRTH (month, day, year) 3/31/1895.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Patrick McCue

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place National Cem Date 2/19 1934

19. UNDERTAKER Robert Brooks & Son
(Address) Calvert & Fallsway

20. FILED 2/19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16- 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-16- 1934 to 2-16- 1934

I last saw ~~him~~ alive on 2-16- 1934 Death is said to have occurred on the date stated above, at 9.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs, larynx, kidneys, ? Left ear, intestines	Jan '33

Other contributory causes of importance:

Name of operation Autopsy acid fast Date of

What test confirmed diagnosis Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) I Bernard Leighman M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1268-9

98141 E 98444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (Balto City Hospitals St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Orrin J Trieber

(a) Residence: No. 405 S. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Trieber

6. DATE OF BIRTH (month, day, year) Nov 22, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm H. Trieber

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Zittler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friends

(Address) Balto City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Feb 17, 1934

19. UNDERTAKER Harry G. Wintle

(Address) 4101 Edmondson Ave

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1929 to February 15, 1934.

I last saw him alive on Feb. 15, 1934. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple cerebral hemorrhages	1929 (7 yrs)
Lobar pneumonia,	Terminal

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Rogers, M. D.

(Address) Balto City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y 6 3

A&Co. 5-31 250B

E 98445

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98445

108

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 S. Carey St. St., 19-01 Ward)

Length of residence in city or town where death occurred 59 yrs. 1 mos. 19 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Hoffsnider

(a) Residence: No. 22 S. Carey St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Wm. H. Hoffsnider

6. DATE OF BIRTH (month, day, year) Dec. 25, 1874.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
59	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Semone

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Adams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ethel V. Miller.
(Address) 22 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Feb. 17, 34.

19. UNDERTAKER Harry A. Kutzle
(Address) 4101 Edmondson Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1934 to Feb. 17, 1934.

I last saw h[illegible] alive on Feb. 14, 1934 death is said to have occurred on the date stated above, at 5.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia.	2/12/34
Other contributory causes of importance:	
Cardiac Hemiplegia	2/10/34

Name of operation None Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify How long ...

(Signed) L. Thos. Linton, M. D.
(Address) 2616 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

16 1934 Hunter Williams

M. D. B 1268-9

E 98446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98446

CERTIFICATE OF DEATH

V 140

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. W. Balto Hosp St. 20-01 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna E. Mondshour.
(a) Residence: No. 310 E. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John L. Mondshour
6. DATE OF BIRTH (month, day, year): July 22 1902
7. AGE — Years: 31 Months: 6 Days: 22 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 097
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER
13. NAME: Frank B. McKean
14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER
15. MAIDEN NAME: Mary Hoffman
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: John L. Mondshour
(Address): 310 E. Payson

18. BURIAL, CREMATION, OR REMOVAL
Place: Int Lined Date: Feb 17 1934

19. UNDERTAKER: Harry A. White
(Address): 4008 Edmondson Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 14 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I saw h... alive on Feb 14 1934 Death is said to have occurred on the date stated above, at ... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Septic Abortion	
Since Jan 17 '34	

Other contributory causes of importance: Ipecac Slippery Elm bark in nitras

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Hunk Brown, M. D. Coroner
(Address) ...

M. D. B 1268-9

E 98447

98447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Madison St. 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Purnell

(a) Residence: No. 1008 Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Purnell

6. DATE OF BIRTH (month, day, year): 1873 Feb 26

7. AGE: Years 60 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) employed in this occupation

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Mary Purnell

(Address) 1008 Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Douglas Memorial Date Feb 18, 1934

19. UNDERTAKER Archibald A. Hopkins

(Address) 2101 McCulloh St

20. FILED Feb 16 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19..., that I last saw h... alive on ..., 19..., Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	
1 year	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1208-4

E 98148

98148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 E. Monument St St., 5-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Daniel Gloid Wilhide

(a) Residence: No. 1415 E. Monument St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susan Fisher

6. DATE OF BIRTH (month, day, year) March 19/1890

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: for Mr. Roth

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John E. Wilhide

14. BIRTHPLACE (city or town) (State or country) Frederick Co., Md.

MOTHER

15. MAIDEN NAME Alice Miller

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT John E. Wilhide
(Address) 676 Reistertown Rd, Pikesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Md Date 2-16, 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 2-16 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 8 A.M. m.

The principal cause of death and related causes of importance were as follows:

Probably Ruptured Thoracic Aneurysm — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Hagen M. D.
Coroner

(Address) 508 E Monument

OCCUPATION IS very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

E 98449

HEALTH DEPARTMENT—CITY OF BALTIMORE

98449

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 3 01 Ward)

Length of residence in city or town where death occurred 33+ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Fruschauer

(a) Residence: No. 1100 block E Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced? HUSBAND of Fannie Fruschauer

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Jan 1904

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Date Feb 17th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Hunter Williams Registrar

FEB 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1934 to February 14, 1934
Last saw h. alive on February 14 1934 Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fortitis, arteriosclerotic & aortic insufficiency	?
Myocardial failure	5 wks?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) I P Magruder, M. D.

(Address) Balt. City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

E 98450

HEALTH DEPARTMENT—CITY OF BALTIMORE

98450

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Ryan St St., 21-01 Ward)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kenneth L. D Phillips

(a) Residence: No. 911 Ryan St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) September 15-1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John F. Phillips

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Asterin Wagner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John F. Phillips

(Address) 911 Ryan St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 17th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 14-34

Other contributory causes of importance:

Name of operation Ivpuncture Date of Feb 15-34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 1650 Brooks

M. D. B. 1268-9

E 98451

HEALTH DEPARTMENT—CITY OF BALTIMORE

98451

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers St. 27-21 Ward)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin G. Fuller

(a) Residence: No. 2211 Rogers St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11 1836

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	97	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Fuller

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eleanor Dulond

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Etta Cuddy
(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 2/17 1934

19. UNDERTAKER Wm Cook & Son
(Address) 1219 E. Fayette St

20. FILED 2/17 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 23 1934 to Febry 15 1934
I last saw him alive on Febry 15 1934 Death is said to have occurred on the date stated above, at 11.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	—
Senility	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. B. Thomas M. D.

(Address) 700 Fallsway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53 3

M. D. B 1268-9

E 98452

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98452

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital, 25-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? 80 yrs. ---- mos. ---- ds.

2. FULL NAME Louis Knopf.

(a) Residence: No. 2101 Sidney Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~MARRIED~~, widowed, ~~or DIVORCED~~ WIFE or HUSBAND of ~~(Or WIDOW or WIDOWER of)~~ Alice R. Knopf.

6. DATE OF BIRTH (month, day, year) December 28, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	1	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Robert Knopf.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. L. D. Williams.
(Address) 1513 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place U. S. National Date Feb 17th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14, 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st, 2nd & 3rd degree burns of face and body by falling over a gas heater. Accidental death	2/12/34
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/12/34
Where did injury occur? 2101 Sidney Ave.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place at home.
Manner of injury falling over lighted gas heater.
Nature of injury burns.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M Kenkard Coroner . M. D.
2/16/34 (Address) 121[illegible] Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

✓ E 98453

E 98453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH University Hospital

Registered No.

CITY OF BALTIMORE: (No.) St., 4-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carmello Tamunello

(a) Residence: No. 645 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 22nd 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Joseph Tamunello

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Cecelia Cavanaugh

16. BIRTHPLACE (city or town) Phila (State or country) Pa

17. INFORMANT Mrs Joseph Tamunello

(Address) 645 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 19th 1934

19. UNDERTAKER Wm Bok

(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-8-1934 to 2-16-1934

I last saw h[illegible] alive on 2-16-1934. Death is said to have occurred on the date stated above, at 7 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-4
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G S Baker M. D.

(Address) University Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 17 1934

M. D. B. 1268-9

✓ E 98454

HEALTH DEPARTMENT—CITY OF BALTIMORE

98454

CERTIFICATE OF DEATH

75

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 20-91 Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Ann Phillips

(a) Residence: No. 4229 Potter Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Phillips

6. DATE OF BIRTH (month, day, year) Dec 15 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Margaret Smith

14. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

15. MAIDEN NAME Lawrence McKittrick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Julia Selvage
(Address) Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 19th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Feb 17 1934 Interim Williams, M.D. Registrar. # 447

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	Feb 14-34

Other contributory causes of importance:

Chronic Alcoholism

Name of operation Autopsy Date of Feb 15-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos L. Johnston M.D. Coroner M. D.

(Address) 16 S. Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98455

98455

HEALTH DEPARTMENT—CITY OF BALTIMORE

281848

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-C Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Houch

(a) Residence: No. Texas Md. St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Wd

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-27-54

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	80	1 0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as spinning mill, saw mill, bank, etc. Retired Vicar

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lawrence Houch

14. BIRTHPLACE (city or town) (State or country) Ger

MOTHER

15. MAIDEN NAME Anne ?

16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Maria Emmanuel Date Feb 19th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1934, to Feb 16, 1934

I last saw h.im alive on Feb 16, 1934 Death is said to have occurred on the date stated above, at 320 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 8
Emphysema	
Arteriosclerosis	Feb 8

Other contributory causes of importance:

Myocarditis ? Insufficiency

Chronic nephritis

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Carmichael Teighman, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98456

95-002

Registered No.

1. PLACE OF DEATH West Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Rayner & Dukeland Sts. St., 12 Ward

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Whitmarsh

(a) Residence: No. 224 E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3rd 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME George Whitmarsh

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Sjaus

16. BIRTHPLACE (city or town) Balto Co (State or country) Md.

17. INFORMANT Fannie T. Whitmarsh
(Address) 224 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb 19th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED Feb 19 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1934 to February 16, 1934

I last saw he alive on February 16, 1934 Death is said to have occurred on the date stated above at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertensive Heart Disease & Auricular Fibrillation	?

Other contributory causes of importance:

1. Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Hugh Feltman M. D.

(Address) West Baltimore Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 3

Spec.—8-16-29—L. F. S.—100 Bks.

98457 ✓ E 98457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-00

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 769 Bradley ST., 17th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME H W Magruder

(a) RESIDENCE NO. 769 Bradley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE — Years: 54 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington DC

PARENTS

10 NAME OF FATHER: Robert Magruder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rachel Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Ida Williams

(Address) 1449 W. Lee St.

15 Filed Feb 17 1934, 19 — Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 14 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 14 1934, to Feb 15, 1934, that I last saw h alive on Feb 14, 1934 and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Organic Dis Heart

(duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hunter Williams, M. D.

Feb 15, 1934 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Feb 17 1934

20 UNDERTAKER: Mrs. Ida Snowden — ADDRESS: Caroline & Biddle

important. See instructions on back of certificates.

Feb 17 1934

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98458

93-005

98458

CERTIFICATE OF DEATH

Registered No. 17-01

1. PLACE OF DEATH

CITY OF BALTIMORE: No. Baltimore City Hospitals St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Isaac Sample

(a) Residence: No. Pennsylvania Ave a St Louis St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Sample

6. DATE OF BIRTH (month, day, year) Jan. 22, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Isaac Sample

14. BIRTHPLACE (city or town) (State or country) Solomons Co Va

MOTHER

15. MAIDEN NAME Margaret Dorsey

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Bends Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Date Feb. 19 1934

Place Catholic

19. UNDERTAKER Mrs. George E. Hoffa & Co (Address) 1631 Druid Hill Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1933 to February 17, 1934

I last saw him alive on February 14, 1934. Death is said to have occurred on the date stated above at 7.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2 hrs?
c Congestive failure	?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagan M. D.

(Address) Balt City Hosp.

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 98459

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98459

CERTIFICATE OF DEATH

94-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3043 Walbrook Ave. St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Uriel Guy Tracey.

(a) Residence: No. 3043 Walbrook Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian F. Tracey,

6. DATE OF BIRTH (month, day, year) August 5. 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veterinarian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Vet

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Joseph E. Tracey.

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth J. Jackson.

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Mrs Elizabeth J Tracey

(Address) 3043 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date FEB 19 1934

19. UNDERTAKER Leo A Sitda

(Address) 2700 Edmondson Ave.

Irvington Maryland

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Current. 1933. to Feb 15 1934

I last saw him alive on Feb 15 1934 Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis Liver

Date of onset

Other contributory causes of importance:

Indefinite

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H K Forsyth M. D.

(Address) 1111 N. Barclay St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V13 3

M. D. B. 1268-9

E 98460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 Harlem Ave St.; 16-01 Ward)

Length of residence in city or town where death occurred 69 yrs. 6 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard R. Frost.

(a) Residence: No. 2926 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug. 3, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter 15D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Otis Elevator Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John W. Frost.

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Julia Richards

16. BIRTHPLACE (city or town) (State or country) Woodensburg Md.

17. INFORMANT (Address) Mrs. Jennie Mellen 2926 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Feb. 17, 1934

19. UNDERTAKER (Address) Wm. J. Scheuer & Sons Funeral Directors

20. FILED FEB 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1934 to Feb 15, 1934

I last saw him alive on Feb 14, 1934 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 11 1934

Other contributory causes of importance:

Myocardial Degen. Generalized arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Winchel M. D.

(Address) 2901 Edmondson Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 71934

M. D. B. 1268-9

E 98461

HEALTH DEPARTMENT—CITY OF BALTIMORE

98461

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-01 Ward) Registered No. 207

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Stollenmaier

(a) Residence: No. 382 Watkins Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna M. Stollenmaier

6. DATE OF BIRTH (month, day, year) June 29 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Bernard Stollenmaier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. C. Stollenmaier

(Address) 382 Watkins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place LOUDON PARK Date Feb 17 1934

19. UNDERTAKER F. D. Waghorn & Son

(Address) 300 EUTAW PLACE

20. FILED 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Struck by Train

Date of onset

Other contributory causes of importance:

Crushing injury to chest + abdomen

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 14, 1934

Where did injury occur? Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry - B. & O. R.R. Yards

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-9

E 98462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98462 Limerick 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Gibbons Ave St., 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfred Gilmor

(a) Residence: No. 3206 Gibbons Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 13 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bucks Md

FATHER

13. NAME Charles Smith Gilmor

14. BIRTHPLACE (city or town) (State or country) Bucks Md

MOTHER

15. MAIDEN NAME Elizabeth Lloyd Tilghman

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Mrs H. Pinkney Hyde

(Address) 1120 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Feb 19 1934

19. UNDERTAKER Henry A. Kuhn's Sons

(Address) N Eutaw & Richard Sts

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1934 to Feb 17 1934.

I last saw him alive on Feb 16 1934 Death is said to have occurred on the date stated above, at 4.30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy with right hemiplegia	Feb 16 1934
Cardiac insufficiency	Feb

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Roscoe L. Crosby, M. D.

(Address) 2438 Maryland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 7 1934

M. D. H. 1268-0

E 98463

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98463

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert + 33rd St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 10 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Furlong

(a) Residence: No. Stevenson Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 31, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Utility man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ? 086

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Peter Furlong

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Feb 18, 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

20. [illegible] 7 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-23-33, 19 ... to 2-16-34, 19 ...

I last saw h[illegible] alive on 2-16-34 ... Death is said to have occurred on the date stated above, at 5.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma	[illegible] 1933
Carcinoma of body of pancreas	

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Richard Hanna, M. D.

(Address) Union Memorial Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

✓ E 98464

281970

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98464

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 3-01 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth 28 yrs. mos. ds.

2. FULL NAME Joseph Marsonek (MARCISZONEK)

(a) Residence: No. 3125 Bond St. Caleb Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Stanislava Marcinzonek

6. DATE OF BIRTH (month, day, year) 1885 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Peter Marsonek

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Babetta ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 2/19, 1934

19. UNDERTAKER William Fiszkowski
(Address) 1618 Eastern Ave

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1934 to Feb. 15, 1934.
I last saw him alive on Feb. 15, 1934 Death is said to have occurred on the date stated above, at 8.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Other contributory causes of importance:	
Emphysema	
? Arteriosclerosis	2/7/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) Richmond Pilgrim, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 98465

E 98465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. [illegible] Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? 9 yrs. mos. ds.

2. FULL NAME Phillip Carusso

(a) Residence: No. 3713 Clarewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Carusso

6. DATE OF BIRTH (month, day, year) June 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Q.O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Steve Carusso

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Agnes Zambrotta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Pine H. St. Stanislaus Date 2/19/34 19

19. UNDERTAKER George J Roth Dec
(Address) 1733 Washington Ave Balto

20. FILED FEB 17 1934 H. S. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 12, 1934 to February 15, 1934

I last saw h[illegible] alive on Feb. 15, 1934 Death is said to have occurred on the date stated above, at 3.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5 days
Nephritis, acute glomerular	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J P Magiel, M. D.

(Address) Balt. City Hosp.

B 53 V 53

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 98466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. E 98466

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5505 Gwynn Oak Ave. St. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie M. Conrey

(a) Residence: No. 5505 Gwynn Oak Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of S. Norwood Conrey

6. DATE OF BIRTH (month, day, year) August 8, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles F. Plummer

14. BIRTHPLACE (city or town) Dover
(State or country) Maine

MOTHER

15. MAIDEN NAME Mary Brannan

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. S. Norwood Conrey
(Address) 5505 Gwynn Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Wards Chapel Date Feb. 17, 1934

19. UNDERTAKER C. B. Cook
(Address) 1003 W. Baltimore St.

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec- 3- 1934 to Feb- 15 1934

I last saw her alive on Feb- 15 1934 Death is said to have occurred on the date stated above, at 6.55 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Carcinomatosis	7
Respiratory Influenza	1933

Other contributory causes of importance:

Name of operation None (Palliative) Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.

(Address) 2202 Garrison Blvd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 98467

HEALTH DEPARTMENT—CITY OF BALTIMORE

98467

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 2-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Larry King

(a) Residence: No. Anderson, Broadway & Thames St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 9 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Tom King

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Anna Rowe

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records Balto City Hosp.
(Address) Baltimore, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Norfolk, Va Date Feb. 17, 1934

19. UNDERTAKER Joseph B Cook
(Address) 102 3 W Baltimore St

20. FILED 2-17-1934, 19.... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Alcoholism	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) B B Herzog M. D.
Coroner

(Address) 1205 N Patterson Park

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

98468

CERTIFICATE OF DEATH

82E 98468

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry W. Bohner

(a) Residence: No. 403 Hampstead Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Bohner

6. DATE OF BIRTH (month, day, year) Aug. 14-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

FATHER

13. NAME Henry Bohner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Pleaning

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. M. Bohner
(Address) 403 Hampstead Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Cem Date Feb 19. 1934

19. UNDERTAKER Philip Herwig Sons
(Address) 204 Edmondson Ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 . 19 34

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Dropsy.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

98469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 98469

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 Ashland Ave Ward) Life

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry J. Stickler

(a) Residence: No. 2707 Ashland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Stickler

6. DATE OF BIRTH (month, day, year) April 15-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Water Meter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Jacob Stickler

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Agatha Bushard

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Katherine Stickler

(Address) 2707 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 20 . 19 34

19. UNDERTAKER Philip Herwig Sons

(Address) 2566 Greenmount

20. FILED . 19 ... Registrar.

FEB 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan - 31 . 1934 to Feb 14 - . 1934

I last saw him alive on Feb 14 . 1934 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Arteriosclerosis	Duration 2 yrs
Chr Nephritis	
Chr Arterial Hypertension	

Other contributory causes of importance:

Hernia, Inguinal Strangulated

Name of operation — Date of —

What test confirmed diagnosis Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19 ...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) [illegible] M. D.

(Address) 156 N. Milton Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y S 3

M. D. H. 1268-9

E 98470

98470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald McCloney

(a) Residence: No. 132 W. Fort Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 26-33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Louise Mahoney

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

15. MAIDEN NAME Louise Faber

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph M. Mahoney (Address) 132 W Fort Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Feb 19, 1934

19. UNDERTAKER John F. Finan (Address) 3000 E. Baltimore St.

20. FILED Feb 19 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16-1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Lesion	

Other contributory causes of importance:

Broncho-pneumonia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
Coroner

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 98471

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98471

CERTIFICATE OF DEATH

714-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas F Birch

(a) Residence: No. 209 N. Eagle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/14/1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~50~~ 50	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Feb. 19 1934

19. UNDERTAKER Tilley & Zuller Sts.
(Address) 403 N. Eutaw

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/24 1933 to 2/15 1934

I last saw him alive on 2/15 1934 Death is said to have occurred on the date stated above, at 4:30 am

The principal cause of death and related causes of importance were as follows:

Lung abscess — Date of onset 1 mo

Other contributory causes of importance:

acute Lymphemia — ?

Name of operation Thoracotomy Date of 12/28/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. F. Brown M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. Age should be stated in years, months and days if under one year. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 3

E 98472

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98472

CERTIFICATE OF DEATH

V 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 S Decker Ave St. 1-06 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Rank

(a) Residence: No. 702 S Decker Ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 11 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Joseph Rank

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Catherine Sauer

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Geo Rank
(Address) 702 S Decker Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 17 1934

19. UNDERTAKER Lefler & Zeiler Inc
(Address) 10 S Howard St.

20. FILED FEB 17 1934, 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1933 to Feb 15 1934

I last saw her alive on Feb 14 1934. Death is said to have occurred on the date stated above, at 7.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of right breast with general metastasis	
Other contributory causes of importance: Myocardial Insufficiency	1 wk.

Name of operation removal Rage Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Reifschneider M. D.

(Address) 1015 Wilkens Ave

Information in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 98473

E 98473 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X-46

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No.) St. 46-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Agnes Strieker

(a) Residence: No. Westminster Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rachel Rebecca Stricker

6. DATE OF BIRTH (month, day, year) Jan 16 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 3 5 yrs

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Dont Know.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Louisa Barnes.

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT (Address) Chas Samuel Stricker Westminster Md.

18. BURIAL, CREMATION, OR REMOVAL Place Providence Cem. Date Feb. 19, 1934

19. UNDERTAKER (Address) Wm Berryman & Son. Westminster Md.

20. FILED FEB 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1934 to February 17, 1934

I last saw her alive on February 2, 1934. Death is said to have occurred on the date stated above, at 1:30 A m.

The prinripal rause of death and related causes of importance were as fullows:

	Date of onset
Carcinoma of large intestine	

Other contributory rauses of importance:

Name of operation Exploratory Laparotomy Date of 2/1/34

What test confirmed diagnosis Exploration Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Fehrman M. D.

(Address) West Balto. Gen. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec—12-23-21—E.B.R.S.—400 Bks.

E 98474

E 98474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 131

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 901 Byron Street St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev James B. Kaelin

(a) Residence No. 901 Byron Street St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX male

4-COLOR OR RACE, white

5-Single, (Married) ~~Married~~ Widowed, Single or ~~Divorced~~. (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Mar 25 1861

7-AGE. 72 yrs. 11 mos. 18 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Catholic Priest

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, James Kaelin

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Baltimore Md

12-MAIDEN NAME OF MOTHER, Mary Mullen

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Frederick Co Md

14- (Informant) Mrs M Crane (Sister) 701 Hamburg

(Address)

15- Filed JUL 17 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 2/15/34

17- I HEREBY CERTIFY, That I attended deceased from 2/12 1934 to 2/15 1934

that I last saw him alive on 2/15 1934

and that death occurred, on the date stated above, at 12 20 m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 10 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Tests

(Signed) L. A. Lally, M. D.

, 19 (Address) 3517 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, New Cathedral — DATE OF BURIAL, 2/19 1934

20-UNDERTAKER H C Brauningerson — ADDRESS 1136 Fulton Ave

instructions on back of certificates.

M. D. B. 1268-9

E 98475

E 98475 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1846 Wilkens Ave 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles B Tomey

(a) Residence: No. 1846 Wilkens Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: M | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Theresa M Tomey

6. DATE OF BIRTH (month, day, year): Oct 28 1857

7. AGE: Years: 76 | Months: 3 | Days: 21 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Jacob Tomey

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elija Baker

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs Theresa Tomey 1846 Wilkens

18. BURIAL, CREMATION, OR REMOVAL: Place: Cathedral Cem. Date: 2/19/34

19. UNDERTAKER (Address): Fuller & Tuffy Fulton & Lafayette

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/9, 1934, to 2/15, 1934

I last saw him alive on 2/14, 1934. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis c hypotension	15 yrs
Suicide	
Carcinoma of stomach	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Andrew E. Calus, M. D.

(Address) 1 N. Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact address and OCCUPATION is very important. See instructions on back of certificate.

B 17 1934

M. D. B. 1268-9

E 98476

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98476

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1372 N. Fremont St 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ulysses Johnson

(a) Residence: No. 1372 N. Fremont St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Oct. 12 1908

7. AGE 25 Years	Months 4	Days 3	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Burney

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Johnson
(Address) 1372 N Fremont ave

18. BURIAL, CREMATION, OR REMOVAL
Place Dist Auburn Date 2/17 19..

19. UNDERTAKER Thomas E Nelson
(Address) 303 Presstman St

20. Filed ... 19... Registrar.

B 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-15- 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1934 to Feb 14 34

I last saw h... alive on Feb 14 1934 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	?

Other contributory causes of importance:

Extinction

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) S. B. Hughes M. D.

(Address) 1413 Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

E 98477

HEALTH DEPARTMENT—CITY OF BALTIMORE

98477

CERTIFICATE OF DEATH

Registered No. ✓ 78

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens Ave & Caton Ave St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm James "Franklin

(a) Residence: No. St Mary's Industrial School Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 7-1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Franklin

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Minnie Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Brother Fidelis (Address) St Mary's Industrial School

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date Feb. 19th 1934

19. UNDERTAKER Chas F. Grunthon (Address) 111 W. Mt. Royal Ave

20. Filed Feb 20 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb-11 1934 to Feb 16 1934

I last saw him alive on Feb 16 1934. Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess	2-4-34

Other contributory causes of importance:

Name of operation Exploratory Date of 2-14-34

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl C Wachsel M. D.

(Address) St Agnes Hosp

Information should be carefully supplied. Any omission or error delays EXACT information. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

B 7 1934

M. D. H. 1268-9

98478 E 98478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 W. Saratoga St. H-01 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Vaughan

(a) Residence: No. 618 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date Feb 7, 1934

19. UNDERTAKER
(Address)

20. FILED Feb 7 1934, 19 0123 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occured on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Eugene Feller, M. D.
Coroner

(Address) 2739 E. Eutaw

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98479

HEALTH DEPARTMENT—CITY OF BALTIMORE

98479

CERTIFICATE OF DEATH

75

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 Young Ct St., 18-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Gibson

(a) Residence: No. 211 Young Ct St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Med College Date Feb 7, 19 34

19. UNDERTAKER

(Address) Huntington Funeral Home

20. FILED Feb 7 1934 0124 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 2739 Eastern Ave

Information called for on both sides of this certificate is necessary, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be state CAUSE, MODE OF DYING, and OCCUPATION is very important. See instructions on back of certificate.

B

M. D. B 1268-9

E 98480

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98480

CERTIFICATE OF DEATH

190

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Granby St St., 3-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Christie (alias Gorman)

(a) Residence: No. 921 Granby St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Moriah Date Feb 7 1934

19. UNDERTAKER .....
(Address)

20. FILED Feb 8 1934 Registrar.

0125

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Fracture to skull	

Other contributory causes of importance: Alcoholism

Name of operation ..... Date of No

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) J. Thomas M.D. M. D.
Coroner

(Address) 1325 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98481

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98481

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Park Ave Ward) 24-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Johnson

(a) Residence: No. 1707 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Johnson

6. DATE OF BIRTH (month, day, year) Aug 28 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month, day, year) 1/19/33

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Thos Saulsbury

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Banks

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Alice Saulsbury

(Address) 1707 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Md Med College Date Feb 17 19 33

19. UNDERTAKER

(Address)

20. FILED 1934 Registrar.

126

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19/34

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 33 to 1/19/34 19

I last saw him alive on 1/13/34 19 Death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul. Tuberculosis	Dec 33
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) A. L. Elias M. D.

(Address) 824 Madison

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. E 98482 E 98482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Jayne Ave. St. 20-01 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Kay Ladley.

(a) Residence: No. 521 Jayne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 10, 1933.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Walter E. Ladley

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Rachel Wood

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Rachel Ladley

(Address) 521 Jayne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Feb 1 1934

19. UNDERTAKER Eastern Sons

(Address) Ellwood Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934 to Feb 16 1934

I last saw her alive on Feb 16 1934 Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

1. Bilateral Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas S Bowyer M. D.

(Address) 3632 Fred. Ave

information should be carefully supplied. Age should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 1934

E 98483

M. D. B. 1268-5

E 98483

J. Bayley Dunnall

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V x 51

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Inf. St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. J. Bayley Dunnall 1 Maynard Ave.

(a) Residence: No. Church Home & Infirmary Ward. Annex 11

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel Brice Dunnall

6. DATE OF BIRTH (month, day, year) Oct 7th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Comm. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME Charles Dunnall

14. BIRTHPLACE (city or town) (State or country) A. A. Co Md.

MOTHER

15. MAIDEN NAME Florence Dunnall

16. BIRTHPLACE (city or town) (State or country) A. A. Co Md

17. INFORMANT (Address) Frank W. Dunnall Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL. Place Annapolis Md Date July 18 1934

19. UNDERTAKER (Address) John W. Taylor Annapolis Md

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/15/34 . 19 . to 2/17/34 . 19 . Death is said to have occurred on the date stated above, at 4:45 A m

I last saw him alive on 2/17/34 . 19

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	
Carcinoma Involving bladder	
Other contributory causes of importance: Hemorrhage	2/14/34
Supra pubic prostatectomy	2/5/34

Name of operation 1 Date of

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Gerald H. Dudley M. D.

(Address) Church Home & Inf.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

E 38484

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38484

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 S. Bond St. St., 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Matuszak

(a) Residence: No. 737 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Metuszak

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME John Szczerski

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Gr Lamski Daughter
(Address) 737 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb. 19. 1934

19. UNDERTAKER J. W. Rozanski
(Address) 1920 Eastern Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1934 to Feb 15 1934

I last saw h... alive on Feb 15 1934. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 5

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) William J. Ryan M. D.

(Address) 801 S. Linwood

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 16 1934

E 98485

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98485

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Tyson St., 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Ackwood

(a) Residence: No. 907 Tyson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years 52 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Robt Meyers
(Address) Petersburg Va

18. BURIAL, CREMATION, OR REMOVAL
Place Petersburg Va Date 2-17-34

19. UNDERTAKER Dent Carter
(Address) 916 Pine

20. FILED FEB 19 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h , alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	3 months

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner, M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1[illegible] E 98486

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98486

CERTIFICATE OF DEATH

University

1. PLACE OF DEATH Un Hospital V 34

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph White or Carter

(a) Residence: No. 1024 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept - 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21 22	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thomas Carter

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Clara Berry

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Thomas Carter
(Address) 910 McDonald St

18. BURIAL, CREMATION, OR REMOVAL
Place Milford Va Date 2/18/34 19

19. UNDERTAKER Isaac L Brown & Son
(Address) 28 W Montgomery St

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 9:30 AM . 19 . to 12 AM 2/15 . 1934

I last saw him alive on 2/15 . 1934. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub. Arachnoid Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. S. Baker M. D.

(Address) University Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. B. 1265-A

E 98487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98487

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 E. Madison St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Beatrice Tarr.

(a) Residence: No. 2511 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Norman Tarr

6. DATE OF BIRTH (month, day, year) Feb 23 - 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	23 24 da.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Henry Meyers

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME ? Stoeffel

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Norman Tarr
(Address) 2511 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md. Date Feb. 19, 1934

19. UNDERTAKER Wm. F. Miller & Son
(Address) 23 S. Eutaw St.

20. FILED FEB 19 1934 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1934, to February 16, 1934

I last saw h[illegible] alive on February 15, 1934 Death is said to have occurred on the date stated above, at 3 00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-11-34

Other contributory causes of importance:

none

Name of operation none Date of —

What test confirmed diagnosis? X S Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Chester Riland, M. D.

(Address) 5 E Edmondson Ave.

Information should be carefully supplied. Age should be stated EXACTLY. Particulars sought state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible] E 98488 ✓ E 98488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 Calvin Ave St 12-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William G Ashton

(a) Residence: No. 419 Calvin Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Clara B. Baldeschwieler
(Address) 419 Calvin Ave

18. BURIAL, CREMATION, OR REMOVAL
Bealmeary Cem Date 2/19 1934

19. UNDERTAKER Leonard J Rhatigan
(Address) 5305 Belair Rd

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-17 1934 to 2-16 1934

I last saw him alive on 2-16 1934 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

None alt	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. L. Long M. D.

(Address) Southern Pro Insurance

Information should be carefully supplied. A DASH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM 3

✓ E 98489

M. D. P. 1266-9m

E 98489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Herbert St. 15-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wilhelmina A. Hahn

(a) Residence: No. 2124 Herbert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Oliver F. Hahn

6. DATE OF BIRTH (month, day, year): Feb 28 1881

7. AGE: Years 57 | Months 11 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Sebastus Drukoff

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Oliver Hahn 2124 Herbert St

18. BURIAL, CREMATION, OR REMOVAL

Place: Greater Cem Date: 2-29 1934

19. UNDERTAKER (Address): Leonard Ryan 3205 Wilkens Ave

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-17 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 12th 1934 to Feb 17 1934

I last saw he alive on Feb 17 1934. Death is said to have occurred on the date stated above, at 1230 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Nephritis	1 year
Generalized arteriosclerosis	
Myocardial + Endocardial disease	
Other contributory causes of importance:	
Hemiplegia	6 hours
Cerebral Hemorrhage	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2901 Edmondson Ave

V 9 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. E 98490 ✓ E 98490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4115 Norfolk Ave St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 29 yrs. ... mos. ... ds.

2. FULL NAME Benjamin Berlin

(a) Residence: No. 4115 Norfolk Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) April 28 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Berlin Brother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cemetery Date 2/18/34 19

19. UNDERTAKER Lake Lewis Co

(Address) 1432 E. Baltimore St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1933 to Feb. 17 1934

I last saw him alive on Feb. 16 1934 Death is said to have occurred on the date stated above, at 1.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Renal Disease	Several years
Other contributory causes of importance:	
Uremia	24 hours

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. A. Ingerman M. D.

(Address) 2340 Eutaw Place

N. B.—WRITE PLAINLY, with LEAD PENCIL. All questions must be answered. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

FEB 16 1934

E 98491

M. D. B. 1268-9

E 98491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2815 96

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 24-Ed Ward)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doris Neal

(a) Residence: No. 1127 Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-25-1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Jas. A Neal

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Madeline Meyers

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb. 18th 1934

19. UNDERTAKER William Klein
(Address) 1261 William St

20. FILED ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1934, to Feb 15, 1934

Last saw her alive on Feb-15, 1934 Death is said to have occurred on the date stated above, at 9 12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Cutaneous Aneurysms of Brain and Spinal Cord	Life

Other contributory causes of importance:

Name of operation Laminectomy Date of 2-8-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul A. Kimball M. D.

(Address) The Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible]

E 98492

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98492

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 301 N. Calhoun St. 19-01 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William M Wilson

(a) Residence: No. 301 N. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 4 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Census

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Inspector 86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME Thomas C Wilson

14. BIRTHPLACE (city or town) (State or country) District of Columbia

MOTHER

15. MAIDEN NAME Sarah Bronfaut

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Sallie Mudd
(Address) 524 Varnum St Wash DC

18. BURIAL, CREMATION OR REMOVAL
Groom Bapt Gen Date Feb 19 1934

19. UNDERTAKER Geo J Bowman Smith
(Address) 1900 Fairmount Place

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1934 to 2/16 1934

I last saw him alive on 2/15 1934 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Myocarditis	
+ Arteriosclerosis	Chronic

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Urine Was there an autopsy? ++

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) David Francke M. D.
(Address) 122 W Lee St.

Form 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 98493

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98493

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3515 E Lombard St. 24-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William A Jones

(a) Residence: No. 1408 Woodall St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susie B Jones

6. DATE OF BIRTH (month, day, year) Feb 17 1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	53		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Ship Co 086

10. Date deceased last worked at this occupation (month and year) 25

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Jones

14. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER

15. MAIDEN NAME Rose Cummings

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Susie Jones
(Address) 1408 Woodall St

18. BURIAL, CREMATION, OR REMOVAL
Place Arbor Hill Date Feb 21 193

19. UNDERTAKER Thos L Flannigan
(Address) 1401 2 Pont Ave

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J G Hammond M. D.
Coroner

(Address) 1205 21 Pattenson Pl Balto

Information asked for on this certificate is necessary for the registration of the death. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. State OCCUPATION is very important. See instructions on back of certificate.

TYSSE

TELEPHONE

M. D. [illegible] 98494

E 98494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5302 Hamlet Ave (St.) 27-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alvina L. Mitchell

(a) Residence: No. 5310 Hamlet Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John T. Mitchell

6. DATE OF BIRTH (month, day, year): Oct 24 1863

7. AGE: Years: 70 | Months: 9 | Days: 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Obstetrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Eggharbor N.J.

FATHER

13. NAME: Harry Roth

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Bender

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Anna Pickles

(Address) 946 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/19 19 34

19. UNDERTAKER: Wm Cook

(Address) 1217 E Lanvale St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 15 1934

22. I HEREBY CERTIFY, That I attended deceased (from) Feb 13 19 34 (to) Feb 15 19 34

I last saw h alive on Feb 13 19 34 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis.
Hypertension.

Date of onset

Other contributory causes of importance:

Name of operation Curetal Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyman Golby M. D.

(Address) 5703 Harford Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 19 1934

6

M. D. F 1268-B

E 98495 ~ E 98495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1203 N. Bradford St St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Wilson

(a) Residence: No. 1203 N. Bradford St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wade H. Wilson

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not stated Ireland

FATHER

13. NAME James Flanigan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown Peggy McLaughlin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos. F. Farrell (Nephew)
(Address) 2422 Ellamont St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 13th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) About Febo/34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ??? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probaly Myocarditis ???	
Chr Nephritis ???	

Other contributory causes of importance:
Ascites- Odema legs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jos. F. Collins M. D.
Coroner
(Address) 508 E Fayette St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

M. D. B. 1268-9 E 98496 ✓ E 98496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

141

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 24-61 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Rowen

(a) Residence: No. 1139 Riverside Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas A. Rowen

6. DATE OF BIRTH (month, day, year) Dec 27/1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	1	20/4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel Manning

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Genie McIver

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Thomas A. Rowen 1139 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb 19th 1934

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Bronchopneumonia	Nov 25/33
Abortion (about 3 mons-reg) due to Bronchopneumonia	Jan 10/34
Other contributory causes of importance: Thrombophlebitis of pelvic Veins	Jan 11/34
Abcesses of lungs	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? XXXXXXXXXXXXXXXXXX 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jos. L. Carey M. D.
Coroner

(Address) 506 E Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

M. D. B. 1206 E 98497

E 98497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Home & Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah A. Kussmaul

(a) Residence: No. Greenmount Ave cor 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Samuel Kussmaul

6. DATE OF BIRTH (month, day, year) Nov 18th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME Abraham May

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME Mary E. Koch

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT Ida A. Whaley
(Address) Southern Home - Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 19th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Feb 19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1932 to Feb. 17 1934

I last saw ~~him~~ alive on Feb. 15 1934. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	over 4 yr

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) H C Koch M. D.

(Address) 5600 York Rd

N. B.—WHITE BLANKS, with CAPITAL LETTERS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L s 3

E 98498

E 98498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Drive & West Md. Pkwy. 27-21 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam Follmeyer

(a) Residence: No. Mercy Drive & West Md. Pkwy St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
RUSBAND of
(or) WIFE of Minnie Follmeyer

6. DATE OF BIRTH (month, day, year) Dec 12th 946

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (40
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tool Eng. & M Co
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Follmeyer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Berlin Germany

17. INFORMANT Nee
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 3-26 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6th 1934, to Feb 16th 1934

I last saw him alive on Feb 15th 1934, death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. H. Weber, M. D.
(Address) 3601 Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 16 1934

M. D. F. 1068

E 38499

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38499

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Pontiac Ave. St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 6 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Shanley.

(a) Residence: No. 809 Pontiac Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, WIFE (or HUSBAND) of Catherine Shanley.

6. DATE OF BIRTH (month, day, year) August 7, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship-joiner. D 1 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Coast Guard.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Shanley.

14. BIRTHPLACE (city or town) (State or country) New Haven, Conn.

MOTHER

15. MAIDEN NAME Mary Joyce.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Catherine Shanley. (wife)
(Address) 809 Pontiac Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/13, 1934

19. UNDERTAKER Margaret Laffey
(Address) 1422 Light St.

20. FILED FEB 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 10.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiat Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

2/10/34 (Address) 1017 E. Charles St.

See state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ADCo. NUMBER E 98500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98500

92-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Bello Jeneral Hospital St., 2 Ward) White

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~Lotte Vogelgesang~~ Vogelgesang

(a) Residence: No. 1503 ~~E Clarkson~~ Clarkson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Lottie Vogelsang.

6. DATE OF BIRTH (month, day, year) April 17 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. paint factory

10. Date deceased last worked at this occupation (month and year) ... 1934

11. Total time (years) spent in this occupation 10 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Vogelsang

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Lutz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Mrs Lottie Vogelsang 1503 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross. Date 2/19 1934

19. UNDERTAKER Margaret Flynn
(Address) 2107 N. Milton Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1934, to Feb 16 1934

I last saw h[illegible] alive on Feb 16 1934 death is said to have occurred on the date stated above, at 5½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	2-16-34
Cardiac Stenosis	
Mitral insufficiency	?

Other contributory causes of importance:

Pyuria

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Michael J Wilcox M. D.
(Address) Smith Balto Jamestown

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms and abbreviations only. Omit all unnecessary words in certificate.

M. D. B. 12 E 98501 E 98501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philmore Grove

(a) Residence: No. Clarksville Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Grove (Address) Clarksville

18. BURIAL, CREMATION, OR REMOVAL Place Ivy Hill Md Date 2-21 19 34

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1934 to 2-18, 1934

I last saw ~~him~~ alive on 2-17, 1934 Death is said to have occurred on the date stated above, at 5 3/4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency and chronic nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. Rubin M. D.

(Address) Franklin Sq. Hosp.

A. B.—WRITE LEGIBLY. Use black ink. Do not abbreviate. All questions should be answered. If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 1934 [illegible] 6 [illegible]

M. D. B 1268-6 E 98502 ✓ E 98502

28 2 052

med.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Hendry M. D.

(a) Residence: No. 1807 N. Caroline St., ... Ward. Toronto Canada

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. research worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0 5 6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME William Hendry

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Elizabeth Michael

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Toronto Canada Date 2-19- 1934

19. UNDERTAKER John Oltenbach & Sons Inc.

(Address) 1900 Eutaw Place

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 18 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 2 - 13 - 1934 to 2 - 18 - 1934

I last saw him alive on 2 - 18 - 1934 Death is said to have occurred on the date stated above, at 1.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Anterior Poliomyelitis	2-11-34
Meningo myelitis	2-18-34
Bulbar paralysis	2-18-34

Other contributory causes of importance:

Bulbar paralysis	2-13-34

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) James Bordley Jr. M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY. WITH INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 19 1934

M. D. B. 1268-9

E 98503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No. E 98503

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3028 St. Paul St. 12-01 Ward)

Length of residence in city or town where death occurred 66 yrs. 11 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles P. Coady

(a) Residence: No. 3028 St. Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Milly Kenly

6. DATE OF BIRTH (month, day, year): Feb. 22, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	11	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Law Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Michael Coady

14. BIRTHPLACE (city or town) (State or country): ------- Ireland

MOTHER

15. MAIDEN NAME: Mary Lyons

16. BIRTHPLACE (city or town) (State or country): ------- Ireland

17. INFORMANT: Mrs. Alice C. Brown

(Address): 3028 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cemetery Date 2/20 1934

Place

19. UNDERTAKER: Henry W. Mears and Son

(Address): 208 N. Calvert St.

20. FILED: ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934, to Feb 16, 1934

I last saw h... alive on Feb 16, 1934. Death is said to have occurred on the date stated above, at 9:20 P. m.

The principal cause of death and related causes of importance were as follows:

Influenza for 3 days

Patent offset with angina pectoris of several years duration

Date of onset

Other contributory causes of importance:

Lobular pneumonia 1 day

Name of operation — Date of —

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julius Friedenwald M. D.

(Address) 1013 N. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. Exact statement of information should be in plain terms, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 98504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98504

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Rue Reisse St. 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrich Rastenhuerg

(a) Residence: No. 2214 Rue Reisse St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna J. Franke Johnson

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Fred Rastenhuerg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Kraus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mathilda Rothenberg
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb 19 '34

19. UNDERTAKER J. Fred Riggan
(Address) 1532 Light St.

20. FILED FEB 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933 to Feb. 16, 1934

I last saw him alive on Feb 16, 1934 Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of neck	Indefinite
Exhaustion	2/15/34

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) R. E. Campbell M. D.

(Address) 1644 Hanover St.

N. B.—WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 12-39 E 98505 ✓ E 98505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Leo Fitzsimmons

(a) Residence: No. 8086 Preston St., 8086 Preston St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 18, 1880

7. AGE: Years 53 | Months 4 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Hugh Fitzsimmons

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Anne Bradley.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 2/19/37

19. UNDERTAKER Herman Lemmon (Address) 4611 Pa Ave

20. FILED ..... 19 ..... Registrar.

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from February 3. 1937 to February 17. 1937

I last saw h. alive on February 17. 1937. Death is said to have occurred on the date stated above, at 8:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanosarcoma (Back)	
c extensive metastasis	10 Mo?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I B Riopel M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. No. E 98506

E 98506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 3110 Virginia Ave St. 27-G Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude M. O'Hare

(a) Residence: No. 3110 Virginia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 10-26-1886

7. AGE: Years 47 | Months 3 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clothing est.
10. Date deceased last worked at this occupation (month and year): Sept 1933
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country): Richmond, Va.

MOTHER
15. MAIDEN NAME: Elizabeth Myrischen
16. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

17. INFORMANT: Elizabeth O'Hare
(Address) 3110 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 2/19, 1934

19. UNDERTAKER: Herman Zimmerman
(Address) 411 Cathedral St.

20a FILED 2/19, 1934
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-16-1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangled - Hanging by the neck - Suicide	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 2-16-1934
Where did injury occur? 3110 Virginia Ave
(Specify City or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home - 3110 Virginia Ave
Manner of injury Hanging by neck - suicide
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John J Morrissey M. D.
(Address) 3630 Roland Ave

information should be carefully supplied. AGE should be stated in every case. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265

E 98507

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98507

11-011

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Hamilton Terrace St., 01 Ward)

Length of residence in city or town where death occurred 51 yrs. 9 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME E. Berkley Bowie

(a) Residence: No. 811 Hamilton Ter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Dr. Howard S. Bowie

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Virginia Berkley

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Allan S. Bowie

(Address) 811 Hamilton Ter

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 19, 1934

19. UNDERTAKER Henry H. Jenkins Sons Co.

(Address) McCulloh & Eutaw Sts

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1934 to Feb 17, 1934

I last saw h. alive on Feb 17, 1934 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2/11/34
Other contributory causes of importance: Broncho Pneumonia	2/14/34

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. P. Dripps, M. D.

(Address) 1324 W. Lombard

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 3

FEB 19 1934

M. D. B. 1268-9

E 98508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98508

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Gilman Country School

CITY OF BALTIMORE: (No. Belvedere & Roland Ave. Ward) 27-01

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Arthur Lincoln Lamb

(a) Residence: No. Gilman Country School St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edith M. Lamb

6. DATE OF BIRTH (month, day, year) Sept 2nd 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gilman Co School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME E M. Lamb

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME Emma H. Cadwalader

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Edith M. Lamb

(Address) Gilman Co School

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 19th 1934

19. UNDERTAKER A Hendrickson Inc Co

(Address) Edmondson Ave Co

FEB 19 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1933 to Feb 17th 1934

I last saw him alive on Feb. 17th 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	Feb 17th
Hypostatic pneumonia	Jan 1st 33

Other contributory causes of importance:

Chronic Nephritis

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Chilcoat, M. D.

(Address) 300 W. Lanvale St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 98509 ✓ E 98509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1505 E. Madison ST. 7-01 WARD)

2-FULL NAME Laura Virginia Dobson

(a) RESIDENCE NO. 1505 E. Madison ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	widowed

5a If married, widowed, or divorced ~~HUSBAND OF~~ WIFE of James Dobson

6 DATE OF BIRTH (month, day, and year) 4-15-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	60	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work attendant

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital

(c) Name of employer United States Public Health Service

9 BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md.

PARENTS

10 NAME OF FATHER Jerry Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Perkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant. Ward Dobson Young (Address) 1505 E Madison St

15 Filed FEB 19 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-16-1934

17

I HEREBY CERTIFY, That I attended deceased from 2-4, 1934, to 2-16, 1934

that I last saw her alive on 2-16, 1934

and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wayne Brown M. D.

, 19 (Address) 1500 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary DATE OF BURIAL 2-19 1934

20 UNDERTAKER James A. Hayes ADDRESS 142 W. Hoffman St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268

E 98510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98510

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1239 Division St., 17-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mildred Jones.

(a) Residence: No. 1239 Division St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Charles W. Jones

14. BIRTHPLACE (city or town) Hampton, Va. (State or country)

MOTHER

15. MAIDEN NAME Hattie Johnson

16. BIRTHPLACE (city or town) Catonsville (State or country) Md

17. INFORMANT [illegible] (Address) 1239 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Feb 20, 1934

19. UNDERTAKER Mrs. Peter R. Williams
(Address) 322 E. Lafayette St. Baltimore, Md.

20. FILED FEB 16 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1934 to Feb 16 1934

I last saw her alive on Feb 16, 1934 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Pulmonary Tuberculosis	
Other contributory causes of importance:	
(b) Pleurisy	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Leo. M. Lauenbach, M. D.

(Address) 2265 W. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 98511

M. D. B. 1268-9

✓ E 98511

281185 HEALTH DEPARTMENT—CITY OF BALTIMORE

56

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1326 E. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Cooper

(a) Residence: No. 2513 Mc Culloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Black	Child

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-8-1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Cooper

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Montrea Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Broadneck Meml Gdns Anne Arundel Co Md Date Feb. 20, 1934

19. UNDERTAKER Mrs. Katie V. Williams
(Address) 322 N. Schroeder St.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934, to Feb 17, 1934

I last saw him alive on Feb 17, 1934 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis (Mitral Stenosis & Insuff.)	Jan 3[illegible]
Other contributory causes of importance: Rheumatic (?) pneumonia	Jan 3[illegible]

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur M. Hurd M. D.

(Address) Johns Hopkins Hospital

V S 3

Information called for on both sides of this certificate is necessary. Answer each question fully and accurately, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9 E 98512

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98512

CERTIFICATE OF DEATH

82001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N. Pine St. 4-06 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Stanley

(a) Residence: No. 207 N. Pine St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Stanley

6. DATE OF BIRTH (month, day, year) Aug 4 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Samuel Stanley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs C. Stanley
(Address) 207 N. Pine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date Feb. 19, 1934

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. E 98513

E 98513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. 16981

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 2330 Calvertan Heights Ave. Ward.

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma P. Heuze

(a) Residence: No. 2330 Calvertan Heights Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas A. Heuze

6. DATE OF BIRTH (month, day, year): June 29 1857

7. AGE: Years 81 | Months 7 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Gabriel P. Key

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Wears

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mr Harry H Heuze

(Address): 2330 Calvertan Hts Balto

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Feby 19. 1934

19. UNDERTAKER: John O. Mitchell & Son

(Address): 1900 Eutaw Place

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1933 to Feb 17, 1934

I last saw h alive on Feb 16, 1934 Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Metastasis — Date of onset Nov 16 '33

Other contributory causes of importance: Diabetis condition for years.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) John H Evans M. D.

(Address) 62 N 40 St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 19 1934

M. D. F 1269-9

E 98514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98514

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 575 Oxford St. 17-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Munson

(a) Residence: No. 575 Oxford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Divorced

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6-1899

7. AGE: Years 36 | Months 7 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

FATHER

13. NAME Lee Munson

14. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER

15. MAIDEN NAME Kate Blake

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Elsie Blake

(Address) 575 Oxford St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemt Date Feb 19th 1937

19. UNDERTAKER Elroy A Wilson

(Address) 1000 Boston Ave

20. FILED FEB 19 1937 Virginia Neal Registrar.

FEB 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1937 to Feb 15, 1937

I last saw h alive on Feb 12, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
10 Days	

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Falk M. D.
Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

E 98515

Spec.—8-16-29 [illegible] Blks.

E 98515

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2812 Walbrook Ave ST. 15-01 WARD)

2—FULL NAME Mrs Lucy Murray Wagner

(a) RESIDENCE NO. 2812 Walbrook Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. _____ mos. _____ ds. How long in U. S., if foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jany. 6/79

7 AGE — Years: 55 | Months: 1 | Days: 10 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): at home 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Avalon Balto Co. Md.

PARENTS

10 NAME OF FATHER: Joseph Cromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md

12 MAIDEN NAME OF MOTHER: Cassandra M. Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Tennessee

14 Informant: Father
(Address): 2812 Walbr. Ave

15 Filed ... 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 16, 34

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1934, to July 16, 1934, that I last saw her alive on July 16, 1934, and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Thrombosis Embolism, Fall injury to left side, followed by Pneumonia

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary): Very Much Exaggeration

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What confirmed diagnosis? Exaggeration

(Signed) E. A. Forrest, M. D.

7/16, 1934 (Address) 1605 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem'y

DATE OF BURIAL: 7/19/34

20 UNDERTAKER: Henry H Withyte & Wm. Edmondson

ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1934-5

E 98516

E 98516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 209 W. Saratoga St., 4-Ol (Ward)
Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Victoria Hauptner

(a) Residence: No. 209 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emmanuel

6. DATE OF BIRTH (month, day, year) Dec 18th 1867 | If LESS than 1 day, ... hrs. or ... min.

7. AGE 67 Years 2 Months 0 Days

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) New York City (State or country) N.Y.

13. NAME Charles Hauptner

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER FATHER

15. MAIDEN NAME Annie E. Roeckle

16. BIRTHPLACE (city or town) Berlin (State or country) Germany

17. INFORMANT Mrs. Bertha A. Hauptner
(Address) 209 W. Saratoga St.

18. BURIAL ~~REMOVAL~~
Place New York City. Date 12/20/34

19. UNDERTAKER J. J. Brockway
(Address) 1016 St. Paul St.

20. FILED ..... 19.....
Registrar

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18th. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 1933, to Feb 18 ..... 1934 Death is said to have occurred on the date stated above, at 9a. m.

I last saw her alive on Feb 17 1934

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	Sept. 1933
Other contributory causes of importance: Indefinite	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H K Gorsuch M. D.
(Address) 117 W. Saratoga St.

M. D. B. No. E 98517

E 98517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Lee Page

(a) Residence: No. 109 W. 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 29, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27	26		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 7 0

12. BIRTHPLACE (city or town) (State or country) Nelson County Virginia

FATHER

13. NAME John Page

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Minnie Hudson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 2/19 1934

19. UNDERTAKER Rooney Sanders
(Address) Ellis & Preston Sts

20. FILED FEB 19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 20 1934 to February 14 1934
I last saw her alive on Feb. 14. 1934 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (Tuberculous Pneumonia)	6 weeks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Christopher C. Thomas M. D.

(Address) Baltimore City Hospitals

FEB 13 1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. E-9 E 98518

HIRAM ARTHUR · E 98518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 71-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward) 13-01

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Arthur (Hiram Arthur)

(a) Residence: No. 600 W 34th St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 23 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John C. Arthur

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Sarah A. Cox

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Friends (Mrs. C. E. Burge)

(Address) Balt City Hosp. 3310 Gilmore Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marys Lambdin Feb. 19. 1934

19. UNDERTAKER Morals & Burge

(Address) 361 Falls Road

20. FILED. Feb 19 1934 ..... Registrar.

FEB 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 12. 1934 to Feb 17. 1934

I last saw him alive on Feb 17. 1934 Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Pinagel M. D.

(Address) Balt City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-40 E 98519 E 98519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 Falls Road St., 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hanora C. McFadden

(a) Residence: No. 3417 Falls Road St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Walter J. McFadden

6. DATE OF BIRTH (month, day, year): July 11-1885

7. AGE: Years 48 | Months 7 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Andrew Cunningham

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Hanora C. O'Mera

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Walter J. McFadden 3417 Falls Road

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Date Feb. 20- 1934

19. UNDERTAKER (Address): Horace A. Burgee 3631 Falls Road

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 18- 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933 to Feb 18 1934

I last saw h[illegible] alive on Feb 17, 1934 Death is said to have occurred on the date stated above, at 6:55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	?
Pulmonary Edema	2/17/34

Other contributory causes of importance:

Sepsis	2/17

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Martin ..... M. D.

(Address) 4037 Falls Rd

FEB 19 1934

M. D. B. 1268-a

E 98520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98520

CERTIFICATE OF DEATH

Sister Mary Cosmas S.S.V. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE MD. St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth 25 yrs. — mos. ds.

2. FULL NAME Sister Mary Castula (Aufenanger)

(a) Residence: No. St. Joseph's Hosp St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 29 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 165

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wm. Aufenanger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mrs. Kerr

16. BIRTHPLACE (city or town) (State or country) Md. Kerr

17. INFORMANT Records of St. Joseph's Hospital

(Address) Caroline & Monument Sts

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Feb 20, 1939

19. UNDERTAKER Henry Strehlow, Inc

(Address) 1301 E. Eager St

20. FILED Feb 20 1939 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1939 to Feb. 18, 1939

I last saw h alive on Feb. 18, 1939. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	one week

Other contributory causes of importance:

Hypertension	3 years

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) St. Joseph's Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

M. D. [illegible] E 98521

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98521

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Dead on arriva Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 10-01 Ward.

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME O. W. Sullivam

(a) Residence: No. 1028 Sterling St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C+O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Wm Bryan (Undertaker
(Address) rleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date Feb. 19 1934

19. UNDERTAKER Edward Bryan
(Address) 1621 Orleans St

20. FILED ..... 19 .....
Registrar.

FEB 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Undetermined

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [signature] Coroner, M. D.

(Address) 506 E Mt Royal

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

(Showell)

E 98522 HEALTH DEPARTMENT—CITY OF BALTIMORE E 98522

V 23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Litchfield St. 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lottie Showell

(a) Residence: No. 1000 Litchfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fisher

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT John A Showell
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lebanon Cem Date 2/19/34 19

19. UNDERTAKER John Seyle & Son
(Address) 739 E. Baltimore St.

20. FILED FEB 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/34 19

22. I HEREBY CERTIFY, That I attended deceased from 6/5 1932 to 2/17/34 19

I last saw her alive on 2/17 1934. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) 1310 Eutaw St

V 5 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 38523

98523 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7035 Gough St., 2-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Michael Yuko

(a) Residence: No. 7035 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Yuko

6. DATE OF BIRTH (month, day, year) Sept 13 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Peter Yuko

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Fanny

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lillian Yuko
(Address) 7035 Gough St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 20, 1934

19. UNDERTAKER Martin W. E. Dippel Inc
(Address) 3 E Lanvale St

20. FILED FEB 13 1934 Thurston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	

Other contributory causes of importance:

Alcoholism	

Name of operation ..... Date of .....

What test confirmed diagnosis? Hist Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) G. T. Hammond Coroner, M. D.

(Address) 320 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 98524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98524

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6309 Weidner Ave St., 21-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J. Hoddinott

(a) Residence: No. 6209 Weidner Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Wm. H. Hoddinott

6. DATE OF BIRTH (month, day, year) May 10/1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Jeremiah Burchell

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

MOTHER

15. MAIDEN NAME Mary Johnston

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Gertrude Read (Niece)
(Address) 6309 Weidner Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 19

19. UNDERTAKER
(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Cardiac Hyperthrophy	

Other contributory causes of importance:

General Arteriosclerosis	
Senile Debility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Owen M. D.
Proper

(Address) 606 Fronklin

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-9 E 98525

E 98525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 51

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. [illegible] St. 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 7 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Mydegger

(a) Residence: No. 801 N. Charles St. St., Ward. Towanda Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Health Service

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Lewis Mydegger

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

MOTHER

15. MAIDEN NAME Mary Christolan

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Junior Mydegger (Address) Union Memorial Hospital

18. BURIAL, CREMATION, OR REMOVAL Towanda Pa. Date Feb 19 - 1934

19. UNDERTAKER Chas. Ryan & Son (Address) 118 Washington Place

20. FILED [illegible] 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/11, 1933 to Feb 18, 1934

I last saw him alive on Feb 17, 1934. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of left Kidney	?
Metastases	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edwin B. Jarrett M. D.

(Address) 112 E. Pleasant St.

V.S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. E 98526

E 98526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 N. Collington Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reinhard Steinmetz

(a) Residence: No. 1405 N. Collington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced BUSBAND of (or) WIFE of Pauline Steinmetz

6. DATE OF BIRTH (month, day, year) Dec 14, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward Merchants Club

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 4 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 086

12. BIRTHPLACE (city or town) (State or country) Ave. Germany

FATHER

13. NAME Wilhelm Steinmetz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Geo. W. Steinmetz
(Address) 2003 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem't Feb 19 1934

19. UNDERTAKER Wm. McCue & Sons
(Address) North & Eutaw.

20. FILED FEB 19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1934 to Feb. 17 1934

I last saw him alive on Feb. 17 1934. Death is said to have occurred on the date stated above, at Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Bronchial	Feb 11/34
Other contributory causes of importance: Myocarditis acute	Feb 14/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar P. Sandrock M. D.

(Address) Medical Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

M. D. B. 1268-0 E 98527

E 98527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 S Monastery St. 20-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm J Fenehan Jr

(a) Residence: No. 135 S Monastery St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm J Fenehan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Edna McClain

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm J Fenehan
(Address) 135 S Monastery

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Feb. 1934

19. UNDERTAKER Geo G Tarley
(Address) Baltimore Ave Fayette

20. FILED ..... 19..... (Registrar.)

FEB 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1934, to Feb 16, 1934.

I last saw him alive on Feb 17, 1934 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-16-34
Other contributory causes of importance:	over

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest Spencer Jr. M. D.

(Address) Frederick & Augusta Aves

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 98528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98528

CERTIFICATE OF DEATH.

REGISTERED NO. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 N Paca St. 17-21 Ward)

2. FULL NAME Male (miscarriage, Premature birth) Infant Cox.

(a) RESIDENCE No. 615 No Paca St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	½ hour	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo Cox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary V. Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Geo Cox
(Address) 615 N Paca St

15 Date Received FEB 19 1934 Signature of Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 16, 1934

17 I HEREBY CERTIFY, That I attended deceased from Feby 16, 1934 to Feby 16, 1934 that I last saw him alive on Feby 16, 1934 and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Miscarriage (Premature birth

(duration) ... yrs. ... mos. ½ hour ds.

CONTRIBUTORY (secondary) Premature birth

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pelletier M. D.

, 19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middle River

DATE OF BURIAL 2/19 1934

20 UNDERTAKER Geo Cox

ADDRESS 615 N Paca

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98529

98529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3221 Dudley Ave 20-01 Ward)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Dane

(a) Residence: No. 3221 Dudley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad H Dane

6. DATE OF BIRTH (month, day, year) Mar 8- 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad Distler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Distler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Weiss

(Address) 2007 Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem Date Feby 21 1934

19. UNDERTAKER John Ulbrich & Sons

(Address) 2005 Eastern Ave

Filed Feb 19 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1933 to Feb 18 1934

I last saw her alive on Feb 15 1934 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular Renal Disease	1932

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. H. McEdwards Jr M. D.

(Address) 2746 Alameda

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 19 1934

E 98530

M. D. B. 1268-9

98530 280180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V + 68

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emily D. Swathmey

(a) Residence: No. 14 Pelham Rd St., ... Ward. Norfolk Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Cabell Swathmey

6. DATE OF BIRTH (month, day, year) 8/29/1905

7. AGE — Years 28 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utah

FATHER

13. NAME Dr A J Shores

14. BIRTHPLACE (city or town) (State or country) Mo

MOTHER

15. MAIDEN NAME Emily Wenings

16. BIRTHPLACE (city or town) (State or country) Utah

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19..

19. UNDERTAKER
(Address)

[illegible] 19..

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1933, to Feb 18, 1934

I saw her alive on Feb 18, 1934 Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Cardiac failure result of	2-16-34
acute febrile illness & diarrhea)	2-10-34
Acute enteritis. Diarrhoea.	
Shock. Myocardial failure.	
? Addison's Disease.	

Other contributory causes of importance:

Depression —

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) James Bordley III M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98531

E 98531

CERTIFICATE OF DEATH

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2933 Guilford Ave St., 17-91 Ward)

2-FULL NAME Lula H. Cook.

(a) RESIDENCE NO. 2933 Guilford Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry B. Cook.

6 DATE OF BIRTH (month, day, and year) Nov. 21 — 1873

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60.	2	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9 BIRTHPLACE (city or town) Washington
(State or country) D. C.

PARENTS

10 NAME OF FATHER Frederick Pfaff

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Sweeney

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Harry E. Cook
(Address) 2933 Linden Road

15 Filed ..... 19..... Registrar

FEB 19 1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17 - 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Feb 17-34 (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Arterio Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? 2,

Did an operation precede death? No Date of

Was there an autopsy? No Inquest

What test confirmed diagnosis?

(Signed) Joseph L. Valentine C. C. M. D.

Feb 19 1934 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Feb 20 1934
20 UNDERTAKER	ADDRESS
Josiah Syfer	1600 N. Vorke ave

Use indelible pencil. Answer every question. If none, write none. If unknown, write unknown. Ages, dates and birthplaces must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98532

CERTIFICATE OF DEATH

E 98532

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Annapolis Rd. St. 25-01 Ward)

Length of residence in city or town where death occurred 34 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth D. Hollingsworth.

(a) Residence: No. 2223 Annapolis Rd. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Thomas Hollingsworth.

6. DATE OF BIRTH (month, day, year) May 10, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Melville, N.J.

FATHER

13. NAME Isaac Diamond.

14. BIRTHPLACE (city or town) (State or country) Melville, N.J.

MOTHER

15. MAIDEN NAME Anna Miller.

16. BIRTHPLACE (city or town) (State or country) Melville, N.J.

17. INFORMANT Thomas Hollingsworth. (husband)
(Address) 2223 Annapolis Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Feb 21. 1934

19. UNDERTAKER J. Jos Lyles Thos. W. Matthews
(Address)

20. FILED FEB 19 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.20 ~~a.m.~~ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If any, specify

(Signed) Otto M Reinhardt, M. D. Coroner

2/19/34 (Address) 1017 E. Chases St.

OCCUPATIONS is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98533

E 98533 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 N. Poppleton St., 18-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie Brown

(a) Residence: No. 237 N. Poppleton St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Brown

6. DATE OF BIRTH (month, day, year) Sept 22-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) U S

FATHER

13. NAME Wm Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Howard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George Taylor

(Address) 1043 N. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cemetery Date Feb. 19, 1934

19. UNDERTAKER Mc Kelvey R Williams

(Address) 322 N. Richmond St

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner. M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98534

HEALTH DEPARTMENT—CITY OF BALTIMORE

98534

V 51

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 3-01 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Smelkinson

(a) Residence: No. 1017 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aaron Smelkinson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie Krupnick

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jos Smelkinson

(Address) 3801 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date Feb 19 1934

19. UNDERTAKER Jos Levinson & Bro

(Address) 1227 E Baltimore St

Registrar.

20. FILED 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 19 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 1 - 28 . 1934 . to 2 - 19 . 1934

I last saw him alive on 2 - 11 . 1934 . Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2-15-34
Bronchopneumonia	2-14-34

Other contributory causes of importance:

Prostatic Hypertrophy	
Tumor of Bladder	

Name of operation Suprapubic Cystotomy Date of 2-16-34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Marla E. Hann, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 98535

E 98535 HEALTH DEPARTMENT—CITY OF BALTIMORE

51

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Chojnacki

(a) Residence: No. 5238 Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Rose Chojnacki

6. DATE OF BIRTH (month, day, year) Aug 9, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Germany ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany (?)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany (?)

17. INFORMANT Balto. City Hospital

(Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place St Hannahs Cemetery Date Feb 21st 1934

19. UNDERTAKER George A Weber

(Address) 505 S Conkling St

20. FILED ... 19 ... Registrar.

19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-24-1934 to 2-17-1934

I last saw him alive on 2-17-1934 Death is said to have occurred on the date stated above, at 1:45 pm

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Carcinoma of Prostate	?

Other contributory causes of importance:

Arteriosclerotic Heart Disease	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T Mayell M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 3

M. D. B. 1268-9

E 98536

98536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No. E 98536

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Scurry

(a) Residence: No. 1708 Llewellyn Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? ? 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winston Salem, N. C.

FATHER

13. NAME Mack Scurry

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Adie Rollins

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Feb. 20 1934

19. UNDERTAKER Mrs. Robert A. Elliott

(Address) 1712 Pennsylvania Ave Baltimore, Md.

20. FILED Feb 21 1934 Registrar.

B 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11 1933 to Feb 17 1934

I last saw him alive on Feb. 17 1934 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept. 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Christopher C. Thomas M. D.

(Address) Baltimore City Hospitals

3

OCCUPATION is very important. See instructions on back of certificate. Exact statement of MAIN CAUSE OF DEATH in plain terms, so that it may be properly classified.

M. D. B. 1268-9

E 98537

98537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St. 14-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 14 da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Smith

(a) Residence: No. 16 Winter Ave. St., ... Ward. Baltimore Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Mary Smith

(Address) 16 Winter Ave Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Chapel Cem. Date Feb. 22 1934

19. UNDERTAKER Easton Sons

(Address) Ellicott City Md.

FEB 23 1934 ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 8, 1934, to Feby 9, 1934

I last saw him alive on Feby 9, 1934. Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 wk

Other contributory causes of importance:

Chronic Nephritis Hypertrophied Prostate	2 wks

Name of operation Suprapubic Cystotomy Date of 2 wks ago

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Fleming M. D.

(Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M 5 3

M. D. R. 1268-9

E 98538

98538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 Covington St. 24-01 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vinton W. Crummitt

(a) Residence: No. 1839 Covington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Crummitt

6. DATE OF BIRTH (month, day, year) June 6, 1854

7. AGE: Years 79 | Months 8 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co., Md.

FATHER

13. NAME George Crummitt

14. BIRTHPLACE (city or town) (State or country) Frederick Co., Md.

MOTHER

15. MAIDEN NAME Sallie Bailey

16. BIRTHPLACE (city or town) (State or country) Frederick Co., Md.

17. INFORMANT Mrs. Fred Wittmer
(Address) Joppa P. O., Md.

18. BURIAL, CREMATION, OR REMOVAL. Mt. Olivet Cem.
Place Frederick, Md. Date Feb. 20, 19 34

19. UNDERTAKER John F. Henry
(Address) 145 E. Fayette St.

19 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934 to Feb 18, 1934

I last saw him alive on Feb 18, 1934 at 8.30 A. M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Febr
Arterio sclerosis with Hypertension	?
Other contributory causes of importance: Chronic interstitial Nephritis	?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney H. Lovell M. D.

(Address) 750 E. Fort Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98539

CERTIFICATE OF DEATH

1934

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals, 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeff. Page

(a) Residence: No. 313 N Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Page (Dead)

6. DATE OF BIRTH (month, day, year) April 17, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va

FATHER

13. NAME Felix Page

14. BIRTHPLACE (city or town) (State or country) Alexandria Va

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Friends

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place U Md Med College Date Feb 19, 1934

19. UNDERTAKER [illegible]

(Address)

20. FILED Feb 19 1934 Huntington Williams, M.D.

0128

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 15, 1934

22. I HEREBY CERTIFY That I attended deceased from Sept 11, 1933 to Feb 15, 1934

I last saw him alive on Feb 15, 1934 Death is said to have occurred on the date stated above, at 1205 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia & ascending Carcinoma	?
Syphilis, tertiary	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Huntington Williams, M. D.

(Address) Balt City Hosp

V 34

E 98539

V 34 OCCUPATION is very important. See instructions on back of certificate. CAUSES OF DEATH in plain words, so that it may be properly classified. Exact statement of

M. D. B. 1268-9

E 98540

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98540

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: Baltimore City Hospitals St. 16-91 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Herbert

(a) Residence: No. 1135-1 Parish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Herbert (dead)

6. DATE OF BIRTH (month, day, year) Jan. 1, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5-9	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co Va

FATHER

13. NAME Thomas Curry

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friends (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date Feb-19 19 34

19. UNDERTAKER Commissioner Health (Address)

19 1934

0129

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17 19 34

22. I HEREBY CERTIFY, That I attended deceased from February 13 19 34 to February 17 19 34

I last saw h alive on February 17 19 34 Death is said to have occurred on the date stated above, at 6 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 days
Nephritis, arteriosclerotic	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Chaquel M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98541

E/98541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Presstman St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Powell Mathews

(a) Residence: No. 1720 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 8, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. messenger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3rd Corp Area

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Richard Mathews

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Ellen Black

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary Mathews
(Address) 1720 Presstman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn cemetery Date Feb 20 1934

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman st

20. FILED FEB 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1933 to Feb 16 1934

I last saw him alive on Feb 15 1934 Death is said to have occurred on the date stated above, at 10.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	June 33

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Wilbur Frey M. D.

(Address) 1724 Pennsylvania Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98542

98542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-004

Registered No. 10-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1225-Holbrook Street St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George B. Gordon Sr.

(a) Residence: No. 1225-Holbrook Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia (Parker)

6. DATE OF BIRTH (month, day, year) 3/2/1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	15	XXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Gordon

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George B. Gordon, Sr.
(Address) 1225 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 2/20/34 19

19. UNDERTAKER (Signed) [illegible]
(Address) 1735-Hanover

20. FILED 19 1934 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1934 to February 17, 1934 That saw him alive on February 17, 1934 Death is said to have occurred on the date stated above, at 4:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of lower limbs	Nov. 1933

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin B. Fenby M. D.

(Address) 3522 GREEN MOUNT AVE.

3522

M. D. B. 1268-9

98542 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 98543

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1178 Cleveland St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Jay

(a) Residence: No. 1178 Cleveland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E Jay.

6. DATE OF BIRTH (month, day, year) May 4 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Mack

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Keller

16. BIRTHPLACE (city or town) (State or country) Germany Maryland

17. INFORMANT Charles E Jay

(Address) 1178 Cleveland St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Feb 20 1937

19. UNDERTAKER Leo F. Cook

(Address) 1002 Pulaski Hwy

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1937 to Feb 17 1937

I last saw h alive on Feb 17 1937 Death is said to have occurred on the date stated above, at 11:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Feb 15,
Mitral Stenosis	1933
Other contributory causes of importance:	
Arteriosclerosis	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Stanley Sorrell M. D.

(Address) 774 Washington Blvd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 98544

98544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH: CITY OF BALTIMORE: (No.) Lehman Aged Home St. Paltimore & Lupton Sts Ward) 20-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 7 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Louisa Miller

(a) Residence: No. Lehman Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Veronica Peronner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lehman Aged Home Records (Address) Bal. & Lupton Sts

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore City Date Feb 20" 1934

19. UNDERTAKER Cook & Bro Funeral Home (Address) Huntington Indiana

19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1- 1933 to Feb 18 1934

I last saw h alive on Feb 18 1934 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	?
Gastric Hemorrhage	1 day

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state

2-19 1934 (Signed) A Kelly Hennup M. D.
(Address) 2000 Fallsway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

98545 (Mr. Moore This body came from St Joseph Hospital) 98545

98545 **HEALTH DEPARTMENT—CITY OF BALTIMORE** V 170

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Penna R.R. near

CITY OF BALTIMORE: (No. Patterson Pk Ave St., 406 Ward)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Kistler Klingaman

(a) Residence: No. Wentworth Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced WIFE of Bertha L. Klingaman

6. DATE OF BIRTH (month, day, year) Apr 6, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. State Lyceur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. High Sch.

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation 0 6 8

12. BIRTHPLACE (city or town) (State or country) Lehigh Co. Penna.

FATHER

13. NAME Wm Klingaman

14. BIRTHPLACE (city or town) (State or country) Lehigh Co Penn.

MOTHER

15. MAIDEN NAME Mary Kistler

16. BIRTHPLACE (city or town) (State or country) Lehigh Co Penn.

17. INFORMANT Mrs. Bertha L. Klingaman
(Address) 817 St. Paul St. City.

18. BURIAL, CREMATION, OR REMOVAL
Place Lehigh Co Penn. Date Feb. 21 1934

19. UNDERTAKER R. Madison Mitchell
(Address) Forest Grace Md.

20. FILED Feb 21 1934 Hampton Hilligus M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18/34. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at about 4 P.M.

The principal cause of death and related causes of importance were as follows:

Frac. Skull-Chest injuries-
both legs fractured at ankles

Date of onset

Other contributory causes of importance:

Patient at Hopkins Hospital
Diagnosis- Melancholia) at
time of death.

Name of operation ..... Date of .....

What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably suicide Date of injury Feb 18 1934

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place R.R. Track

Manner of injury Struck by passenger train

Nature of injury of Penna R.R.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joel Hayes M. D.
Coroner

(Address) 508 E Fayette St

M. D. B. 1268-9

E 98546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98546

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals '34 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md St., Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Carl Hunt

(a) Residence: No. 2409 E. Fayette St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Carrie Hunt

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44 43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Levidie Hunt

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME B. Cummings

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 20 1934

19. UNDERTAKER John C. Miller
(Address) 2435 E. Monument

20. [illegible] Registrar.

FEB 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-13-1930 to 2-15-1934

I last saw him alive on 2-15-1934 Death is said to have occurred on the date stated above, at 8.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	2 yrs
	1
Other contributory causes of importance: Pulmonary Infection	2 wks.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry G. Dorsett M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1908-9 E 98547 ✓ E 98547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Ash St., 13-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah J. Gates

(a) Residence: No. 3600 Ash St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Charles Gates

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Laurel Md

FATHER

13. NAME Dennis Shoemaker

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Harriett McKay

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT George E. Gates
(Address) 3600 Ash St

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Hampden Date Feb 20 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED FEB 20 1934 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934 to Feb. 18 1934

Last saw her alive on Feb. 17, 1934 Death is said to have occurred on the date stated above, at 11.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	?
Lateral Regurgitation	1 mo 18 days
Arteriosclerosis	
Hypertension	
Other contributory causes of importance:	
Edematemesis	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. H. Mackin M. D.

(Address) 4037 Falls Road

E 98548

AACo. 3M 2508

E 98548

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jewish Baltimore General Hospital
CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary Wagner

(a) Residence: No. 1619 Sulgrave Ave. St., ... Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of John F. Wagner

6. DATE OF BIRTH (month, day, year) Feb 20th 1875

7. AGE: Years 58 | Months 11 | Days 27 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Bowie (State or country) Md

FATHER
13. NAME Richard Colston
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER
15. MAIDEN NAME Martha E. Woods
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs John Pikey (Address) 1619 Sulgrave Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bowie Md Date Feb 20th 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

FEB 20 1934

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/34

22. I HEREBY CERTIFY, That I attended deceased from 2/13/34 to 2/17/34
I last saw her alive on 2/12/34 death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2/10/34
Arteriosclerosis, generalized	?
Hypertension, secondary	?

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. M. T. Cronin, M. D.
(Address) 40 E. Lake Ave.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. Bk. 268-5

E 38549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 38549

57

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Ashburton St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanora Sherick

(a) Residence: No. 1623 Ashburton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George E Sherick

6. DATE OF BIRTH (month, day, year) July 15 67

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Conrad C. Schumacher

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Lois P. Disney

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT M. H. K - Paulsen

(Address) 2718 Oakley Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date 2/21- 34

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

FEB 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from July - 1 1933 to Feb. 18 1934

I last saw her alive on Feb - 18 1934 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infective Arthritis	14 yrs
Arteriosclerosis -	-
Other contributory causes of importance:	
Hypertrophy of Heart with Orderma of Lungs	1 mo

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Martin Luther Shook M. D.

Registered 2/19/34 (Address) 806 Fulton ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-9 E 98550 ✓ E 98550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 5-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Frazier Smith

(a) Residence: No. 1160 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Bella Smith (dead)

6. DATE OF BIRTH (month, day, year) August 22, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel F. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Amelia Powell

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Park Date Feb 20th 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

FILED FEB 20 1934 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1934, to Feb 17, 1934

I last saw h[illegible] alive on Feb 17, 1934. Death is said to have occurred on the date stated above, at 2 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency & Congestive failure	11 days
Hypertension	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Magill M. D.

(Address) Balt City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

E 98551

M. D. B. 1268-9

E 98531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Ethan St 14-C Ward)

Length of residence in city or town where death occurred 1 yrs. 40 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Boston Henry Knight

(a) Residence: No. 1905 Ethan St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Della Knight

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 54				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M E Church

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Knight (Address) 1905 Ethan St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lebanon Date 2-20th, 1934

19. UNDERTAKER Jas H. Shipley (Address) Wash. Blvd

FEB 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1934, to 2-15, 1934. I last saw h[illegible] alive on 2-15, 1934. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance: Valvular Heart disease	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W K Forrest M. D.

(Address) 117 W. Baruting St Balto Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126

E 98552

E 98552

HEALTH DEPARTMENT—CITY OF BALTIMORE

282011

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilton Williams

(a) Residence: No. 1645 E Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-6-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	14	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Williams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eva Forbes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Grove Date 2-20 1934

19. UNDERTAKER Bal. Fu. Servs. Co
(Address) 160 E. Fred St

FILED FEB 20 1934 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1934 to Feb 17 1934

I last saw him alive on Feb 17 1934 Death is said to have occurred on the date stated above, at 12 46 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	2-1-34
Other contributory causes of importance: Pulmonary Tuberculosis	Dec 193

Name of operation None Date of

What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Adam H. Hard M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-A

E 98553

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98553

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH Dead on arrival at Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mission at 1415 Eastern Ave Ward) 1-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael C Lubinski

(a) Residence: No. 814 S Rose street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30th 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman (Former) Dismissed 0/1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Baltimore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Casimir Lubinski

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Constantine Janowski

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frank Lubinski

(Address) 3123 Elmore ave

18. BURIAL, CREMATION, OR REMOVAL.

Place St Stanislaus Cemetery Date Feb 22nd 1934

19. UNDERTAKER Geo. A. Weber

(Address) 705 N. Eutaw St

24. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Alcoholism ????	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Fallon Coroner M. D.

(Address) 508 E Fort Ave

M. D. B. 1948-9

E 98554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. E 98554

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 E Pratt St. 3-01 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta French

(a) Residence: No. 1507 E Pratt St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Thomas French
(Address) 1507 E. Pratt st

18. BURIAL, CREMATION, OR REMOVAL
Place Falls Hills Va Date Feb 20 1934

19. UNDERTAKER Edward Bryan
(Address) 1631 orleans st

20. FILED FEB 20 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1934

22. I HEREBY CERTIFY, That I attended deceased from —— 19..... to —— 19.....

I last saw h— alive on —— 19..... Death is said to have occurred on the date stated above, at 7:30 a.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Senility

Name of operation —— Date of ——

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ——, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D J Bergey MD M. D.
Coroner

(Address) 1305 N Patterson Park Ave

M. D. B. 1250

E 98555

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98555

122-002

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John's Hopkins Hosp St. 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marion West

(a) Residence: No. 2222 E. Fayette St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 10-1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Harry West

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Cumberland

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Marie Pugh (Aunt)
(Address) 2222 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Cem. Date Feb. 20-34 19

19. UNDERTAKER E. Miller & Son
(Address) 2334 Gilmore St. Balto. Md.

20. FILED FEB 20 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 9.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception of Lower Ileum.	

Other contributory causes of importance:

Patent Foramen Ovale & Ductus Arteriosus- Congenital Heart

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos. L. Bayer Coroner, M. D.
(Address) 508 E. Fayette

M. D. B. 1930 E 98556 ✓ E 98556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts. 5 H. St., 13-01 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Belle S. Hamburger

(a) Residence: No. Esplanade Apts. 5 H. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Manes I. Hamburger

6. DATE OF BIRTH (month, day, year) Sept. 8, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME William Schloss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah May

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Albert Berney

(Address) Esplanade Apts.

18. BURIAL, CREMATION OR REMOVAL

Place Hebrew Friendship Feb. 20, 1934

19. UNDERTAKER David Sondheim & Sons

(Address) 1902 Eutaw Place

20. FILED [illegible] 19[illegible] [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 1933 to February 18 1934

I last saw her alive on February 18 1934 Death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - retroperitoneal	1933
Other contributory causes of importance: Pulmonary embolism	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Charles J. Austrian M. D.

(Address) 1417 Eutaw Place

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. H. 126-3

E 98552

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98557

180

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: Dead on arrival at

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Mary Sunderland

(a) Residence: No. 1603 Ilewelyn Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William Sunderland

6. DATE OF BIRTH (month, day, year): July 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6 7	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: John Moran

14. BIRTHPLACE (city or town) (State or country): Harford Co., Md.

MOTHER

15. MAIDEN NAME: Martha Reynolds

16. BIRTHPLACE (city or town) (State or country): Frederick Co., Md

17. INFORMANT: Mrs May Spicer (daughter)
(Address) 1119 E. 20th St

18. BURIAL, Cremation or Removal: Woodlawn
Place: Mendell Date: 2-20-34.

19. UNDERTAKER: Mendell & Humphreys
(Address) 1501 N. Broadway

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 18/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows: Burns over head, body and limbs (1st degree)

Date of onset

Death from suffocation

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accidental Injury 2/19/34
Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: home
Manner of injury: Probably overturned coal oil lamp in kitchen
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... Coroner M. D.
(Address) 5086 Montana

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98558

E 98558

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 361 Bonsal St., Ho-21 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elenora Miller

(a) Residence: No. 361 Bonsal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Calvin E. Miller

6. DATE OF BIRTH (month, day, year) Sept 17th, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Sept 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cape Charles Va.

FATHER

13. NAME William R. Wood

14. BIRTHPLACE (city or town) (State or country) Knox Island N. C.

MOTHER

15. MAIDEN NAME Arinthy Shay

16. BIRTHPLACE (city or town) (State or country) W. Hampton Co Va

17. INFORMANT Mary Schott
(Address) 711 S. Fagley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Feb 21st 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14 1933 to Feb. 19 1934

I last saw h.. alive on Feb. 19 1934 Death is said to have occurred on the date stated above, at 2 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervicis uteri.	Feb. 1933

Other contributory causes of importance:

Name of operation ——— Date of ———

What test confirmed diagnosis? Path. Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Armin Greenbaum, M. D.

(Address) Dundalk Md.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

98559

HEALTH DEPARTMENT—CITY OF BALTIMORE

98559

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 S. Charles St. 23-61 Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chas Frederick Seivert

(a) Residence: No. 1632 S. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Isabelle Seivert

6. DATE OF BIRTH (month, day, year) Sept 20th 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	4	8 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Structural

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Hans Nicklas Seivert

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Gertrude Ranben

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Johanna C Wagner

(Address) Box 36 Stevens Run

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 21st 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1934 to Feb. 18 1934

I last saw h.IM alive on Feb. 18 1934 Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation and Bronchial Asthma 5 mo. def.	
Other contributory causes of importance:	
Acute Dilatation of heart	2/14/34

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt L Campbell M. D.

(Address) 1644 Hanover St

12/19/34

OCCUPATION is very important. See instructions on back of certificate.

M. D. P 1268-9

98560

HEALTH DEPARTMENT—CITY OF BALTIMORE

98560

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Hyman

(a) Residence: No. 2617 Foster Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Hyman

6. DATE OF BIRTH (month, day, year) Feb 3 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E Baker

(Address) 627 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place U. S. National Date Feb 21st 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 . 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B F Berger MD Coroner M. D.

(Address) 1305 N Patterson Park Ave

M. D. E 38561 — E 98561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3716 Northern Pkwy St. 27-61 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm L. Barth

(a) Residence: No. 3716 Northern Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Barth

6. DATE OF BIRTH (month, day, year) May 19 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis Barth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Engelke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Barth

(Address) 3716 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Feb 20 1934

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Eutaw St

20. FILED FEB 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Debility- anaemia (Partially paralyzed for 13 yrs)	
Other contributory causes of importance: History of Encephalitis (Type unknown)	1920

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Kaufman M. D. Coroner

(Address) 508 E Fayette

M. D. B. 1268-9

E 98562

✓ E 98562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Sinai Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 26-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Sammetz

(a) Residence: No. 630 S. Ropphall St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Linda M. Sammetz

6. DATE OF BIRTH (month, day, year) Oct. 21 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Compounderer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Robinson Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 5

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Nicholas Sammetz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Zipperich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Linda M. Sammetz Wife

(Address) (630) 630 S. Ropphall St

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date Feb 21st 1934

19. UNDERTAKER Zilby & Zuler Inc

(Address) 703 S. Wolfe St.

20. FILED ..... 19 ..... Registrar.

FEB 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/14/34, 19..., to 2/17/34, 19.....

I last saw him alive on 2/17/34, 19..... Death is said to have occurred on the date stated above, at 11:53 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/9/34
Septicemia	
Pulmonary edema	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Legum, M. D.

(Address) Sinai Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1908-9 E 98563 ✓ E 98563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Tait ave. St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thecla E. Ford.

(a) Residence: No. 3402 Tait ave. St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 6 1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gilford Trans. Co

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John P. Ford

14. BIRTHPLACE (city or town) (State or country) York Pa.

MOTHER

15. MAIDEN NAME Kunigunda Mortel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John P. Ford Father

(Address) 3402 Tait ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Feb 22nd 1934

19. UNDERTAKER Lilly & Zuber Inc.

(Address) 403 S. Broadway

20. FILED FEB 20 1934 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 28 1933 to Feb 18 1934

I last saw her alive on Feb 18, 1934. Death is said to have occurred on the date stated above, at 5.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma— Metastases to lungs & bones	1933 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward Kuchman M. D.

(Address) 3507 Tait ave

M. D. [illegible] E 98564

E 98564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Foster ave St., 26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John L. Doerfler

(a) Residence: No. 3203 Foster ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Margaret Doerfler

6. DATE OF BIRTH (month, day, year) Feb 4th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	—	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. S. Young Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Doerfler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Buettner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Annie Doerfler daughter

(Address) 3203 Foster ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Feb. 22nd 1934

19. UNDERTAKER Libby + Zeller Inc.

(Address) 402 S. Wolfe St

20. FILED FEB 20 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1934 to Feb 18 1934

I last saw him alive on Feb 18 1934 Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 12 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 230 [illegible]

M. D. B 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98565 E 98565

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louisa Blanchard

(a) Residence: No. 2403 Llewelyn Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George F. Blanchard

6. DATE OF BIRTH (month, day, year) March 7/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME W. Gobbs

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Lewis Blanchard (son)

(Address) 2321 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Date Feb 21 1934

19. UNDERTAKER J. J. Cook

(Address) 1723 N. Eutaw Street

20. FILED 19

FEB 20 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 2.20 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	??
Cardiac Decompensation	
(Probable Malignancy Gastric-Hepatic Region)	

Other contributory causes of importance:

Dislocated left shoulder (Rolled out of bed 11.10 P.M.	Feb 17/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2/17/34, 19

Where did injury occur? Sinai Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Hospital

Manner of injury As stated above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J. J. Kelly, M. D.

(Address) 508 E Monument

E 98566 ✓ E 98566

28127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Burnett

(a) Residence: No. 928 N Gilmor St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Black	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Charles

6. DATE OF BIRTH (month, day, year): 2/11/1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	45		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md

FATHER

13. NAME: George Tilghman

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Mary Simms

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Auburn Cem Date 2/21 1934

19. UNDERTAKER Samuel J. Hemsley

(Address) 528 W Biddle St

20. FILED ..... 19 ..... Registrar

FEB 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1934, to Feb 17, 1934

I last saw her alive on Feb 17, 1934. Death is said to have occurred on the date stated above, at 7.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vascular Nephritis	1933
Other contributory causes of importance:	
Hypertension	1933 ?
Arteriosclerosis	1933 ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 98567

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98567

CERTIFICATE OF DEATH

X 107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred -- yrs. 6 mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucius Carter.(C)

(a) Residence: No. 1927 McCullon St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: --------

6. DATE OF BIRTH (month, day, year) September 1, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Brooksville, Va.

FATHER

13. NAME Joseon Carter.(C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Leah Carter.(C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Leah Carter.(C) mother

(Address) 1927 McCullon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 2/21 1934

19. UNDERTAKER Samuel T Hemsley

(Address) 578 W Biddle St

20. FILED ... 1934 ... Registrar

FEB 20 1934 City

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia.	
unknown.	
Other contributory causes of importance:	

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M Reinhardt Coroner ... M. D.

2/19/34 (Address) 1017 N. Charles st.

M. D. B. 1268-9

E 98568

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98568

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 75-91 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sandra E. Murphy

(a) Residence: No. 802 Tucker Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Infant

6. DATE OF BIRTH (month, day, year) Jan 12 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Thomas Murphy

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Vera Lane

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Vera Murphy (Address) 802 Tucker Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date 2/20, 1934

19. UNDERTAKER Edw. Fowler (Address) 2089 Wash

FILED Feb 21 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 16 1934

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 W. Broadway

M. D. F. 1268-9

E 98569 HEALTH DEPARTMENT—CITY OF BALTIMORE E 98569

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 13-A Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Simon Haffner

(a) Residence: No. 2220 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Haffner

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Isaac Haffner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hyman Haffner (son)
(Address) 2220 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 20 1934

19. UNDERTAKER Fol Levinson-Bro
(Address) 1127 E Balto. st.

20. FILED FEB 20 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19/34

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... Death is said I last saw h..... alive on ....., 19..... to have occurred on the date stated above, at 9.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John Cain M. D.
Coroner

(Address) 5086 Montrose

E 98570

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98570

92-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fresh Balto General Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Baldwin

(a) Residence: No. 10 E. Hamburg St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 2, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Harrison Baldwin

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lida Foster

16. BIRTHPLACE (city or town) (State or country) Carriage, Md.

17. INFORMANT Harrison Baldwin

(Address) 10 E. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Feb. 20, 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ..... 19.. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1933, to February 17, 1934

I last saw h.er alive on February 17 1934 death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	12-1-33
Rheumatic Heart Disease & mitral stenosis	5-1-33
Other contributory causes of importance: Bronchitis	1-15-34
Secondary anemia	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Michael J. Vreeland M. D.

(Address) Fresh Balto Gen. Hosp.

M. D. B 1268-9

98571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

FE 98571
V 82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4716 Eastern Ave St. 7-41 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Felice Lombardo

(a) Residence: No. 2047 E. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Giovanna Lombardo

6. DATE OF BIRTH (month, day, year) Jan 8 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME Felice Lombardo Sr

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmela Rollo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anthony Barta
(Address) 2630 Fait

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/21 1934

19. UNDERTAKER John J. Rupka Sr
(Address) 2818 Hudson St

20. FILED ..... 19 ..... Registrar.

20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
Other contributory causes of importance:	
arterial Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. J. Herzog M.D. M. D.
Coroner

(Address) 1305 N Patterson Park

M. D. B. 1268-9

E 98572

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98572

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 S Broadway St. 2-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Broatz

(a) Residence: No. 809 S Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecelia Broatz

6. DATE OF BIRTH (month, day, year) Dec 24 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augustine Stockman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Cecelia Broatz

(Address) 809 S Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 21 1934

19. UNDERTAKER Martin H. C. Dilpl Inc

(Address) 81 S Eutaw St

FILED 20 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:30 Am.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation by Illuminating Gas - Suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 2/19 1934

Where did injury occur? 809 S Broadway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Asphyxiation

Nature of injury Inhaling Gas

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify No

(Signed) J. Patterson Md M. D.
Coroner

(Address) 1305 N Patterson Park Ave

M. D. P 1268-9

98573 E 98573

98573 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 N Patterson Park Ave St., 1st Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John George Heerhardt

(a) Residence: No. 430 S Patterson Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) March 26 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Pol

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME — Heerhardt

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lillie Herzog

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Albert McDermott

(Address) 430 S Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 22. 1934

19. UNDERTAKER Martin E. Dippel Inc

(Address) 31 E Lanvale St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. O. Herzog M.D. M. D.
Coroner

(Address) 1205 N Patterson Park Ave

Spec.—9-30—A. & Co.—250 Bks.

E 98574

98574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

√131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1704 W. Franklin ST. 19-01 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Rose Wicks

(a) RESIDENCE NO. 1704 W. Franklin ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred (yrs. 31) mos. ds. How long in U. S., if of foreign birth? all her life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Negro	Widow.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Wicks.

6 DATE OF BIRTH (month, day, and year) 8/3/165

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md

PARENTS

10 NAME OF FATHER William Thornton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md

12 MAIDEN NAME OF MOTHER Sarah Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md

14 Informant Samuel Greenfield
(Address) 1707 W. Franklin

15 Filed ..... 19 ..... Registrar

20 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb- 18-34

17

I HEREBY CERTIFY, That I attended deceased from Jan: 1, 1934, to Feb-15-1934

that I last saw h[illegible] alive on Feb 17- , 1934

and that death occurred, on the date stated above, at 7.45 Am.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

~~Nephritis~~

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Walter Kelsey M. D.

19 (Address) 1634 Monte St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 2/21 1934

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Presstman St

AaCo. 5-31 250B

E 98575

HEALTH DEPARTMENT—CITY OF BALTIMORE

98575

CERTIFICATE OF DEATH

V 23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Seabenhall St. 12-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Brown Jaenson.

(a) Residence: No. 808 Seabenhall St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Jaenson

6. DATE OF BIRTH (month, day, year) ... 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) 1/1/34

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Southampton Co Virginia

FATHER

13. NAME James Harris

14. BIRTHPLACE (city or town) (State or country) Southampton Co Virginia

MOTHER

15. MAIDEN NAME Lucy Barrett

16. BIRTHPLACE (city or town) (State or country) Southampton Co Virginia

17. INFORMANT Emmett Harris

(Address) 215 W Henrietta

18. BURIAL, CREMATION, OR REMOVAL

Place Potterfield Date 2/21, 1934

19. UNDERTAKER Walter B Johnson

(Address) 1300 W Lombard St.

FEB 20 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/7, 1934, to 2/18, 1934

I last saw her alive on Oct-18 1934 Death is said to have occurred on the date stated above, at 9 30 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 5 mo.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. Jaenson, M. D.

(Address) 122 S Lee St.

M. D. B. 1268-9

E 98576

HEALTH DEPARTMENT—CITY OF BALTIMORE

98576

CERTIFICATE OF DEATH

27-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Burks

(a) Residence: No. 45 Frederick St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Burks

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer gen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastern Shore Md.
(State or country)

FATHER

13. NAME Charles Burks

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Amanda Thomas

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Hosp record
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hope Cmty Date 1/22, 1934

19. UNDERTAKER Walter P. Smith
(Address) 129 W. Hamburg St.

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/11/33 to 1/19, 1934

I last saw him alive on 1/19, 1934 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myelitis of left femur	1

Other contributory causes of importance: Arteriosclerosis generalized

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) H. R. Bowers M. D.

(Address) Balto City Hospitals

A4Co. 5-31 250B

E 98577

HEALTH DEPARTMENT—CITY OF BALTIMORE

98577

93-003

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4132 Mary Ave 4-C Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Adam Greiser

(a) Residence: No. 4132 Mary Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Caroline Greiser

6. DATE OF BIRTH (month, day, year) Oct 11 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Adam Greiser

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Fabienia Kelmeier

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Luther Brown

(Address) 4132 Mary Ave

18. BURIAL, CREMATION, OR REMOVAL

Place ~~Pa~~ Mt Carmel Date Feb 20, 1934

19. UNDERTAKER Joe J Peterson Sons

(Address) 2001 Kentucky ave

20. FILED ..... 19 ..... Registrar.

20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Feb 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1934, to Feb 17, 1934

I last saw h~~im~~ alive on Feb 11, 1934 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 1934
Other contributory causes of importance:	

Name of operation ~~None~~ Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J.S. Standing, M. D.

(Address) 4810 Belair Rd.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1265-9

E 98578

98578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-004

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 10-21 (Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Domenico Frondera

(a) Residence: No. 1004 Greenmount Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery Date 2/21/34, 19

19. UNDERTAKER Edgar W. Franklin
(Address) 924 Eutaw St.

20. Filed 2/21/34, 19 Registrar

C 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1934 to Feb 19, 1934

I last saw him alive on Feb 19, 1934 Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial failure	?
Other contributory causes of importance:	
emphysema	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) I. Bernhard Wiesman, M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

98579

CERTIFICATE OF DEATH

Registered No. 98579

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Market Place St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Nelson. (C)

(a) Residence: No. 112 Market Place. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	------	----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Frank Culotta.
(Address) 112 Market Place.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Medical College Date Feb 20th, 19[illegible]

19. UNDERTAKER
(Address)

[illegible] 19... Registrar.

20 1934 # 527 0131

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M. Reinhardt, M. D.
(If other than Coroner)

2/19/34 (Address) 1017 S. Charles St.

M. D. B. 1268-9

E 98580

98580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Masonic v 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3217 Matson St., 25-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Janssens

(a) Residence: No. 3217 Matson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lewis Janssens

6. DATE OF BIRTH (month, day, year): July 31 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Europe

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Europe

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Europe

17. INFORMANT: Joseph Janssens

(Address) 3217 Matson St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: Feb. 21 19 34

19. UNDERTAKER: Margaret E. Flynn

(Address) 210 N. Fulton Ave

20. FILED 2 1934 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1933 to Feb. 18 1934

I last saw her alive on Feb. 17 1934 Death is said to have occurred on the date stated above, at 1:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach Indefinite	
Other contributory causes of importance: Exhaustion	

Name of operation: none Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. H. Campbell M. D.

2/19/34 (Address) 1644 Hanover St

M. D. B. 1268-0

Palarma

E 98581

98581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 S. Palamova Ave Ward)

Length of residence in city or town where death occurred 57 yrs. 4 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma C. Hartman

(a) Residence: No. 143 S. Palamova Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race White

5. Single, Married, Widowed, or ~~Divorced~~ (write the word) Widow

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Arthur Hartman

6. DATE OF BIRTH (month, day, year) Oct 5 1876

7. AGE — Years: 57 | Months: 4 | Days: 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Ernest M. Beck

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Reed

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo Schwen

(Address) 143 S. Palamova Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 2/21/34

19. UNDERTAKER Geo Leimbach & Sons

(Address) 521 N. Eutaw St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1934 to Feb 18 1934

I last saw her alive on Feb 18 1934 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency ?	

Other contributory causes of importance:

cardiac decompensation

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Cl Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify .....

(Signed) J. T. Loyola M. D.

(Address) 3321 Fremont Ave

Spec.—1-12-23—M&T—500 Blks.

E 98582

HEALTH DEPARTMENT—CITY OF BALTIMORE

98582

CERTIFICATE OF DEATH.

V 108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 N. Paul ST. 11-24 WARD)

2-FULL NAME Thomas Bright

(a) RESIDENCE NO. 522 N. Paul ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 23-1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Jeffrey Bright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Laura Duffy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sadie Hawkins

(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 15 1934

17 I HEREBY CERTIFY, That I attended deceased from 2/14/34 to 2/15/34, 19..., that I last saw h alive on 2/15/34, 19..., and that death occurred, on the date stated above, at 2:15 P. m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia

(duration) yrs. mos. 4 ds. 5

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) H. Lee Ellis, M. D.

(Address) 2 E. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: Feb. 17 19 34

ADDRESS

20 UNDERTAKER: Geo. H. Holland

Address: Washington Funeral Home

Filed Feb 17 1934 19 Registrar

M. D. B. 1268-9

E 98583

HEALTH DEPARTMENT—CITY OF BALTIMORE

98583

CERTIFICATE OF DEATH

164-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Braddish Ave. St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Warner

(a) Residence: No. 2032 Braddish Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maude B. Warner

6. DATE OF BIRTH (month, day, year) May 28, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Receiving Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schloss Bros.

10. Date deceased last worked at this occupation (month and year) February 1934

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

13. NAME George Warner

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Mary Catherine Mathias

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Maude B. Warner

(Address) 2032 Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Feb. 22 1934

19. UNDERTAKER Joseph Cook

(Address) 1003 W. Baltimore St.

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Influenza 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide Asphyxiation by Illuminating Gas	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury

Where did injury occur? 2032 Braddish
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. Link M. D.

(Address) North Ave & Division St.

M. D. H 1268-6

98584

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98584

CERTIFICATE OF DEATH

Registered No. 57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Marriott Graves

(a) Residence: No. 4618 Kavon Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elvira Klitch

7. DATE OF BIRTH (month, day, year) May 21/1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	8	27 26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Compositor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. News

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME George Graves

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Annie Marriott

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Elvira Graves

(Address) 4618 Kavon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cemetery Date 2/21/1934

19. UNDERTAKER E. J. Fleming & Son

(Address) 1938 E. Lafayette Ave.

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardiac Valvular Insufficiency	??
History of Rheumatism	??

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 508 E Monument

M. D. P. 1268-9

E 98585

98585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 Patapsco St. 23-01 Ward)

Length of residence in city or town where death occurred 87 yrs. 7 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George H. Rush

(a) Residence: No. 1433 Patapsco St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Henrietta Rush

6. DATE OF BIRTH (month, day, year) June 25, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Rush

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Sophia Israel

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mary E. Eichmeyer
(Address) 1433 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Feb. 23, 1934

19. UNDERTAKER J. Howard Evans
(Address) 81 E. Preston St.

20. Filed ..... 19..... [illegible]

20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933 to Feb 20, 1934

I last saw him alive on Feb 20 1934. Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema.	

Other contributory causes of importance:

Acute Bronchitis and myocarditis

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John A. Schenuit M. D.

(Address) 133 S. Charles St.

M. D. 12-34 E 98586 E 98586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Eutaw Place St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pauline Keating

(a) Residence: No. 1727 E. 33rd St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Walter Keating

6. DATE OF BIRTH (month, day, year) July 25, 1871.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lindung

14. BIRTHPLACE (city or town) (State or country) Don't know

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Mrs. John Leary (Daughter)
(Address) 1727 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb. 21, 34

19. UNDERTAKER Harry D. Wirth
(Address) 4101 Edmondson Ave.

20. FILED ... Registrar

B 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1934 to Feb 18, 1934

I last saw her alive on Feb 17, 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Valvular Heart disease

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Jacob Friedlich, M. D.

(Address) 1823 N. Mount St.

H. D. B 1265-9

E 98587

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98587

CERTIFICATE OF DEATH

146

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lottie Brooks

(a) Residence: No. Jones Creek, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theodore R. Brooks

DATE OF BIRTH (month, day, year) Jan 13, 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) near Brokenourg Va.

13. NAME Audrey Brooks

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Nettie Brooks

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Theodore R. Brooks

(Address) Jones Creek, Md.

BURIAL, CREMATION, OR REMOVAL

Place Brokenburg Va Date Feb 21st 193[illegible]

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, at 2.[illegible] P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia (Terminal)	2/16/34
Peritonitis	?

Other contributory causes of importance:

Bilateral Pyelitis	1/1/34
Pregnancy about 32 weeks	

Name of operation Induced Delivery Date of 2/14/3

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
(Coroner)

(Address) [illegible] E North Ave

Spec.—2-29-28—M. F. & C. 100,000

E 98588

McKee

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98588

95-002

CERTIFICATE OF DEATH

REGISTERED NO. 12-91

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2946 Huntingdon Ave (STREET) (WARD) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Alice McKee

(a) RESIDENCE NO. 2946 Huntingdon Ave WARD 12

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William John McKee.

DATE OF BIRTH (month, day, and year) May 4th 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Tunnelegarra Ireland

10 NAME OF FATHER Robert Marvlinney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ballycastle Ireland

12 MAIDEN NAME OF MOTHER Catherine McConnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tunnelegarra Ireland

Informant William Alice Kee

(Address) 2946 Huntingdon Ave

Filed FEB 21 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20-1934

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1934, to Feb 20, 1934, that I last saw her alive on Feb 19, 1934, and that death occurred, on the date stated above, at 4. A.M.

The CAUSE OF DEATH* was as follows:

Senile degeneration

(duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wilcoe E. Grace M. D.

Feb 20 1934 (Address) 2438 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Feb 28th 1934

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

8pec.—1-30—M. & T.—250 Bks

E 98589

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98589

CERTIFICATE OF DEATH.

82-004

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 4804 Park Heights Ave 40-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Dahle

(a) RESIDENCE NO. 718 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed

6a If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ or) WIFE of: William F. Dahle

6 DATE OF BIRTH (month, day, and year): Sept 12th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Phila Penna

PARENTS

10 NAME OF FATHER: Geo. Truelove

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Mrs Wm Bocchetto

(Address): 718 E. Chase st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20th 1934

17 I HEREBY CERTIFY, That I attended deceased from August 4, 1932, to February 20, 1934, that I last saw her alive on February 17, 1934, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Paralysis of right side

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary): General debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 718 East Chase Street

Did an operation precede death? No Date of xxxx

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fraby, M. D.

, 19 (Address) 3522 Greenmount Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto

DATE OF BURIAL: Feb 23rd 1934

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St. Paul St.

2-21-1934 Filed [illegible] Registrar

M. D. B. 1268 E 98590 ✓ E 98590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hospitals 17 01 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Bunaster

(a) Residence: No. 2008 Maryland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Bunaster

6. DATE OF BIRTH (month, day, year) ? Oct 29th 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
85 (83)	(7)	(21)	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Bldg

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Bunaster

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Ann ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friends
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Feb 22nd 19 34

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED FEB 21 1934 19 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1934 to Feb 20 1934

I last saw h.. alive on Feb 20 1934 Death is said to have occurred on the date stated above, at 9 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Cerebral Hemorrhage	2 wks
Senility Arteriosclerosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..If so, specify .....

(Signed) I D Angell, M. D.

(Address) P. & S. Balto City Hosp

M. D. F 1268-S E 98591 ✓ E 98591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (N., W., E., or S.) W. Balt Hosp St. 16-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Jo Arnold

(a) Residence: No. 1949 Mosher St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Daniel W. Arnold
DATE OF BIRTH (month, day, year): Oct 24 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): Jan 1934
11. Total time (years) spent in this occupation: 10
12. BIRTHPLACE (city or town) (State or country): Alexandria Va.
13. NAME OF FATHER: Elias H Cuthrie
14. BIRTHPLACE (city or town) (State or country): Laurel Del
15. MAIDEN NAME OF MOTHER: Maggie Fitzpatrick
16. BIRTHPLACE (city or town) (State or country): Balto Md
INFORMANT: Daniel Arnold
(Address): 1949 Mosher St
BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Feb 23rd 1934
UNDERTAKER: Wm Cook
(Address): 1217 St Paul St
FILED: ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 20th 1934
22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
a. General Peritonitis		
b.		
c.		
d.		

Other contributory causes of importance: Aborted Feb 13th

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury Self Induced
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. C. Luck Coroner, M. D.
(Address) Coroner

M. D. F. 1268-9 98592 ✓ F 98592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400-S. Augusta Ave. St., 70-01 Ward)

Length of residence in city or town where death occurred 1 yrs 8 mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Margaret A. Murphy

(a) Residence: No. 400-S. Augusta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J. Murphy

6. DATE OF BIRTH (month, day, year) 2/15/1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	-	3	~~xxx~~

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Steinacker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bridget Quirk

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charles J. Murphy
(Address) 400-S. Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2/22/34. 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1933 to Feb 19 1934.
I last saw h[illegible] alive on 2 19 1934. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 mos.

Other contributory causes of importance:

Diabetes Mellitus	2 yrs.

Name of operation None Date of None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) 1720 Frederick Ave

M. D. B. 1768-9 E 98593

E 98593

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Christian Lang

(a) Residence: No. 1001 S. Highland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christena Lang

7. DATE OF BIRTH (month, day, year) May 2, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Lang

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Christena Lang

(Address) 1001 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Carmel Cem. Date Feb. 21, 1934

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St

FILED Feb 21 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2 00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. P. Herzfeld Coroner, M. D.

(Address) 1305 N Patterson Park

M. D. B. No. E 98594 ✓ E 98594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 96-21 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Guterman

(a) Residence: No. 1205 S Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Guterman

6. DATE OF BIRTH (month, day, year) Dec 2-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Connors

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Wallace

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Evangelical Cemt. Date Feb. 24 1937

19. UNDERTAKER George W. Zirkler

(Address) 1737 E Eager St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1937 to Feb 19, 1937

I last saw h[illegible] alive on Feb 19, 1937 Death is said to have occurred on the date stated above, at 1:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3 days
Other contributory causes of importance: Myocardial Insufficiency	3 hrs
H Pulmonale	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) T B Magill, M. D.

(Address) Balt City Hosp

M. D. F. 1269-9

E 98595 ✓ M E 98595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 207

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward 21)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Alfred Anderson Jr.

(a) Residence: No. 3215 N. Reese St. Philadelphia, Pa. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) March 25, 1912

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mess boy, O.S.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Dredge

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation New Orleans.

12. BIRTHPLACE (city or town) (State or country) South Port N.C.

13. NAME Alfred Anderson Sr.

14. BIRTHPLACE (city or town) (State or country) Denmark.

15. MAIDEN NAME Annie L. Singletary.

16. BIRTHPLACE (city or town) (State or country) South Port, N.C.

17. INFORMANT Earl F. Singletary. (uncle)
(Address) 3215 N. Reese St. Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Feb 21, 1934

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12.35 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull, compound fracture of left arm. struck by B. & O. R. R. Co. Engine. Occidental Death.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/16/34 19...

Where did injury occur? B. & O. R. R. track Masonic. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Private right of way.

Manner of injury Railroad accident.

Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt Coroner, M. D.

(Address) 1017 E. Fayette St.

2/19/34

M. D. B. 1208-A E 98596

E 98596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 92 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Robinson

(a) Residence: No. Little Sisters of the Poor, West Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1 April 1842.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
92,	91	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Robinson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Wenda Diffley

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Sister Theodora, Sup.
(Address) 200 Fallsway St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Oella, Md. Date Feb 21, 1934

19. UNDERTAKER Thos. Shannon & Son
(Address) 3615-17 Eastern Ave

20. FILED [illegible] 19 [illegible] Registrar.

FEB 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19 February 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933 to Feb 19 1934

I last saw her alive on Feb 16 1934. Death is said to have occurred on the date stated above, at 2.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	2 Days
Other contributory causes of importance:	
Arteriosclerosis	?
Chronic Nephritis	?
Chronic Endocarditis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 111 [illegible]

M. D. B. 1268-9

E 98597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98597

115-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital

Length of residence in city or town where death occurred 1 mo. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Bebe

(a) Residence: No. 281 W 31st St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov 15 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Leslie Bebe

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Ethel Bell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Leslie Bebe
(Address) 281 W 31st St.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Feb 22, 1934

19. UNDERTAKER Thenowetson Funeral Home
(Address) 3615-17 Harford Ave

20. FILED Feb 22, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 12.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative hemorrhage	2-19-34
Aspiration of blood into the lungs.	

Other contributory causes of importance:

Tonsillectomy and adenoidectomy

Name of operation Date of 2-15-34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F. Morrissey M. D.

(Address) 362 N Roland Ave Coroner.

M. D. B. 1268-2 E 98598 ✓ E 98598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Phillip Stein

(a) Residence: No. 16 N. Patterson Park Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosa

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Junk Dealer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 6 4 5

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wolf Stein
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Md. Date 2/28/34

19. UNDERTAKER Jos. Lewis & Bro
(Address) 634 E. Baltimore St.

20. FILED [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 8, 1934, to February 20, 1934
I last saw h[illegible] alive on February 20, 1934 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	
Cardiac hypertrophy and dilatation	
Cardiac insufficiency	
Other contributory causes of importance:	
Bronchopneumonia, Type undetermined	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Katzenstein M. D.
(Address) Sinai Hospital

Spec.—9 30—A. & Co. E 98599

E 98599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2331 Linden Ave. ST 5-01 WARD)

2. FULL NAME Rebecca Udelowitz

(a) RESIDENCE NO. 1224 E. Baltimore ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gershon

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Bernard H.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Levin
(Address) 1439 E. Balto St.

15 Filed ..., 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/20/34

17

I HEREBY CERTIFY, That I attended deceased from 2/14, 1934, to 2/20, 1934

that I last saw her alive on 2/20, 1934

and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis. Hypertension

(duration) 1½ yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No. Physical Examination

What test confirmed diagnosis?

(Signed) A. A. Silver M. D.

. 19 (Address) 3704 Liberty Hgts. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave

DATE OF BURIAL 2/21 1934

20 UNDERTAKER Sigmund Lewis Inc

ADDRESS 1439 E Balto St

M. D. B. 1268-9

E 98600 ✓ E 98600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-002

1. PLACE OF DEATH Provident Hospital 18-01 Registered No.

CITY OF BALTIMORE: (No.) St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Bridges Taylor

(a) Residence: No. 617 Carlton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Taylor

6. DATE OF BIRTH (month, day, year) July 23, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME George Wooden

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Georgiana?

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Georgianna Green

(Address) 617 N Carlton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 23, 1934

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Schroeder St.

20. FILED FEB 21 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1934, to February 17, 1934

I last saw h[illegible] alive on January 17 1934. Death is said to have occurred on the date stated above, at 4:33 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	7 wks

Other contributory causes of importance:

Hysterectomy for infected myomata Uteri	

Name of operation Hysterectomy Date of 1/15/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Provident Hospital

L. D. B. 1268-8

E 98601 ✓ E 98601

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 W. Saratoga St. 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elnora Williams

(a) Residence: No. 520 No Strieker St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Williams

DATE OF BIRTH (month, day, year) March 17-1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	36	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) Feb-17-1934

11. Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) (State or country) Laurel Maryland

13. NAME Andrew Cooper

14. BIRTHPLACE (city or town) (State or country) Laurel Maryland

15. MAIDEN NAME Katie Murdock

16. BIRTHPLACE (city or town) (State or country) Laurel Maryland

INFORMANT Margaret Jenkins

(Address) 508 W. Saratoga St

BURIAL, CREMATION, OR REMOVAL

Place Colesville, Howard Co. Md. Date Feb. 22, 1934

UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder st.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myo-Carditis	Feb 18 1934

Other contributory causes of importance:

Valvular lesion of the heart	

Name of operation ..... Date of .....

What test confirmed diagnosis? Enquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 South Broadway

Spec.—1-30—M. & T.—250 Blks

E 98602 ✓ E 98602.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 N Carlton St. 18-01 WARD)

2-FULL NAME Mary E. Gross

(a) RESIDENCE NO. 109 N Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Dorie Gross

DATE OF BIRTH (month, day, and year): — — 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	?	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): 021

(c) Name of employer

BIRTHPLACE (city or town) (State or country): West River Md

10 NAME OF FATHER: Thomas Boone

11 BIRTHPLACE OF FATHER (city or (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary E Boone

13 BIRTHPLACE OF MOTHER (city or (State or country): Unknown

Informant: Lollie Smith

(Address): 109 N Carlton St.

Filed 19 Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 17, 1934

17 I HEREBY CERTIFY, That I attended deceased from Jany 26, 1934 to Feby 17, 1934

that I last saw h alive on Feby 16, 1934

and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Chr Nephritis

Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mon. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

Signed) W. F. Howell M. D.

19 (Address) 609 N Carrollton Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Feb. 21, 1934

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 3221 Schroeder St.

M. D. P. 1268-9 E 98603 ✓ E 98603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 654 Wash. Blvd. St., 4-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Stebbings

(a) Residence: No. 724 W. Baltimore, St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/2/34.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Delbert Stebbings

14. BIRTHPLACE (city or town) (State or country) Kansas

15. MAIDEN NAME Florence V. Baker

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Delbert Stebbings
(Address) 724 W. Baltimore, St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 2/26 1934

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W Lombard St

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/15/ 1934 to 2/19/34 . 19....

I last saw h... alive on 2/18/34 . 19.... Death is said to have occurred on the date stated above, at 12 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/17

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bernard J. Lang . M. D.

(Address) 410 N. Lombard

M. D. B. 1 E 98604 ✓ E 98604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles B. Burdette

(a) Residence: No. 605 N. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced, HUSBAND of (or WIFE of) Lillie M. Burdette.

6. DATE OF BIRTH (month, day, year) July 24 - 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Clarksburg Montgomery Co. Md.

FATHER

13. NAME Basil Burdette

14. BIRTHPLACE (city or town) (State or country) Clarksburg Montgomery Co. Md

MOTHER

15. MAIDEN NAME Lillie May Perkins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Nana Frech (daughter) 605 N. Monroe St

18. BURIAL, CREMATION, (OR REMOVAL) Place Lorraine Cem. Date Feb 21. 1934

19. UNDERTAKER (Address) Ellis L. White. 2558 W. Madison St

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1934, to Feb 18, 1934

I last saw h[illegible] alive on Feb 18, 1934 Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic adenoma (non-malignant)	1930?

Other contributory causes of importance:

Myocarditis

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Dixon Moore, M. D.

(Address) Franklin Sq. Hosp.

H. D. B 1265-9

E 98605

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98605

23

CERTIFICATE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Webster St. St. 2-1-01 Ward)

Length of residence in city or town where death occurred 16 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Louis C. Shacklock

(a) Residence: No. 1514 Webster St. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, ~~widowed or divorced~~ HUSBAND of (or WIFE of) Irene Shackrock.

DATE OF BIRTH (month, day, year) June 17, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Riveter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth, Va.

13. NAME Daniel Shacklock

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Lillie Williams.

16. BIRTHPLACE (city or town) (State or country) Virginia.

INFORMANT Irene Shacklock (wife)

(Address) 1514 Webster St.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 2/22/34

UNDERTAKER Chas. J. Stengle & Son

(Address) 1524 E. Fayette

FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__

I last saw h__ alive on _____, 19__ Death is said to have occurred on the date stated above, at 10.05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Otto Reinhardt, Coroner, M. D.

2/20/34 (Address) 1017 E. Charles St.

M. D. B. 126-9

E 98606

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98606

CERTIFICATE OF DEATH

53

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2300 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Thompson

(a) Residence: No. 1401 Olive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, year) April 18, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME Fountain Thompson,

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Lena B. White,

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mrs Lena B. Thompson,
(Address) 1401 Olive St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Feb 22 1934

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11 - 6, 1933 to 2 - 20, 1934

I last saw him alive on 2 - 20, 1934. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primitive Sarcoma Rib.	1927
c Metastasis to Lungs.	1930
c " to Spine.	Nov 33

Other contributory causes of importance:

Bronchopneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R Richard Swift M. D.

(Address) Univ. Hosp.

M. D. B. 1267 E 98607 E 98607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5613 Reisterstown Rd. (Ward) 24-01

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Augustus Jones

(a) Residence: No. 5613 Reisterstown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Ellen Jones.

6. DATE OF BIRTH (month, day, year) July 11, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sell. Gds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Thomas R. Jones.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca Keller

16. BIRTHPLACE (city or town) (State or country) Balto Co Md.

17. INFORMANT Miss Ethel May Jones.

(Address) 5613 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Pikesville Cem. Feb. 21, 1934

19. UNDERTAKER Wm Fischer & Sons.

(Address) North & Fa ves

20. FILED Feb 21 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 14th, 1934, to Feby 19th, 1934.

I last saw [illegible] alive on Feb 18, 1934. Death is said to have occurred on the date stated above, at 1.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Feb 17th

Other contributory causes of importance:

Bad Cold running into Bronchial Pneumonia

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ——— 19——

Where did injury occur? ——— (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? ———

If so, specify ———

(Signed) Geo J Everhart M. D.

(Address) 1001 Winsdor Mill Rd

M. D. B. 1930 E 98608 ✓ E 98608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3509 Spaulding St., 27-C1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Wells McClellan

(a) Residence: No. 3509 Spaulding ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 5 - 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James C. McClellan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ann P. White

16. BIRTHPLACE (city or town) (State or country) Delaware Md

17. INFORMANT Mrs P. McClellan

(Address) 3509 Spaulding

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cemetery Date Feb 22, 34

19. UNDERTAKER H. Rickards Sons

(Address) 1000 E. [illegible]

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 31, 19.. to Feb 20/34, 19.. I last saw him alive on Feb 20/34 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pneumonia Lobar	1934
b Cardiac Decompensation	1933
Other contributory causes of importance: Chronic Nephritis Hx of Influenza	1931 34

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of Injury ✓ , 19..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) H. Houck M.D. M. D.

(Address) 934 Hollins Ave

M. D. E 98609

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98609

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 E Chase St. 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Peters

(a) Residence: No. 1224 E. Chase St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 17 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John J. Peters

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Madeline Tracey

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. John J. Peters

(Address) 1224 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb. 21, 19 34

19. UNDERTAKER Henry Storck Sons, Inc.

(Address) 1301 E. Eager St

20. FILED ..... 19 ..... Registrar.

FEB 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1934 to Feb 20, 1934

I last saw him alive on Feb 19, 1934, Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
of Female Infant	

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. C. Straus M. D.

(Address) 1212 Eutaw Pl

Spec.—9-30—A. & C.—250 Blks.

98610

E 98610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 4507 Liberty Heights Ave) (WARD 1)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lee Rice

(a) RESIDENCE NO. 3801 Fillsdale Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 9-1864

7 AGE — Years: 69 — Months: 2 — Days: 11 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Woodlawn Cemetery

(c) Name of employer: Frederick Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: Lee Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Frances M. Raymond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Interment (Address): Mt. George W. Rice 3801 Fillsdale Road

15 Filed FEB 21 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 20th 1934

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934 to Feb 20 1934

That I last saw him alive on Feb 20 1934

and that death occurred, on the date stated above, at 2:45 P. M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 2 mos. ds.

* CONTRIBUTORY (Secondary) Cardiac Thrombosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Auricular

(Signed) E. C. Summers M. D.

Feb 20 1934 (Address) 4509 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Feb 22 1934

20 UNDERTAKER: Certain & Fox

ADDRESS: 2224 E Franklin St

M. D. B. 1220 E 98611

E 98611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-103

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 6 Ward)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles Miller

(a) Residence: No. 1617 Waldo St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Miller

6. DATE OF BIRTH (month, day, year) Apr 11th 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72 ?	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Odd

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Davis Chemical Works

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation Laborer

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Hermann Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Fuhrman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 22nd 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Feb 22 19 34 [illegible] Registrar

21 1034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1931 to Feb 20 1934

I last saw h.. alive on Feb 20 1934 Death is said to have occurred on the date stated above, at 11-20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 yrs

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. P. Magath M. D.

(Address) Balt City Hosp

M. D. B. 1268-a E 38612 E 38612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4607 Belvieu Ave St. 28-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wesley M Forrest

(a) Residence: No. 4007 Belvieu Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Grace P. Forrest

6. DATE OF BIRTH (month, day, year) January. 17. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Francis A. Forrest

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Louisa Fisher

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs. J.R. Turner.

(Address) 4607 Belvieu Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2. 22. 34 19

19. UNDERTAKER Robt Brooks Son

(Address) Calhoun & Hollins Sts

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 . 34 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feby 3 . 1934 . to Feby 19 . 1934

I last saw him alive on Feby 18 . 1934 Death is said to have occurred on the date stated above, at 526 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2/3/34
Other contributory causes of importance: Arteriosclerosis	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. O'Neill M. D.

2.20.34 (Address) 100 N. Fulton Ave

Spec.—9 31—A. W. [illegible]

E 98618

E 98613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1916 E. Pratt St. City ST 7-21 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Minnie Osterdorf

(a) RESIDENCE NO. 1916 E. Pratt St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mes. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 9/1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60 61	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Casper Schmidt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Anne Smith

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Elizabeth Rueckheimer
(Address) 1916 E. Pratt St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 19/34

17

I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1933, to Feb. 19, 1934

that I last saw her alive on Feb. 19, 1934

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis (duration) Indefinite

CONTRIBUTORY (Secondary) Exhaustion (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. H. Campbell M. D.

4/21, 1934 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL Feb. 22 1934

20 UNDERTAKER Tilby & Zeiler Inc.

ADDRESS 4032 Wolfe St

H. D. B. 1268-9

E 98611 E 98614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bal-O City Hosp St., 76-01 Ward)

Length of residence in city or town where died ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Gallagher

(a) Residence: No. 1122 + H - Ft. Warren St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May-12-1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bethlehem Steel Co
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill-Worker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland
13. NAME Patrick Gallagher
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Margaret Schuelin - Aunt
(Address) 2048 Gellhorn Ave.
18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Feb. 22, 34
Place Date
19. UNDERTAKER John C. Miller
(Address) 2435 E. Ellwood
20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 19... to ... 19...
I last saw him alive on May, 19... Death is said to have occurred on the date stated above at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

Crushed Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2/18, 1934
Where did injury occur? North Pt Rd & Spanish Pt Rd
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury While walking along road
Nature of injury he was struck by auto

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Cokeny & Co. M. D.
Coroner
(Address) 2208 Madison Ave

H. D. B. 1268-9 E 98615

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98615

34

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Balto City Hosp St., 76-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Schell

(a) Residence: No. 3415 Dillon St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara Schell

DATE OF BIRTH (month, day, year) 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerking Dept City
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany Pennsylvania

13. NAME Henry Schell

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Matthews

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT Clara Schell

(Address) 3415 Dillon St

BURIAL, CREMATION, OR REMOVAL Date Feb. 22 1934

Place Harrisburg

UNDERTAKER John C. Miller & Sons Inc

(Address) 2435 E. Oliver St

FILED 19 Registrar

B 21934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to Feb. 20 1934

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 1 30a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. O. Norris M. D. Coroner

(Address) 1305 Linden Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98616

CERTIFICATE OF DEATH

E 98616

Registered No. 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (Ward) 9-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Needham

(a) Residence: No. 1825 Brunt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 1, 1872

7. AGE: Years 61 ? | Months 11 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Accomac Co Va

MOTHER FATHER

13. NAME: Thos Needham

14. BIRTHPLACE (city or town) (State or country): Accomac Co Va

15. MAIDEN NAME: Ellen Evans

16. BIRTHPLACE (city or town) (State or country): Accomac Co Va

17. INFORMANT (Address): Records Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Place Mount Auburn Date Feb 24, 1937

19. UNDERTAKER (Address): Joseph A Langley 1429 N. Mount Street

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1932 to Feb. 20, 1937

I last saw him alive on Feb. 20, 1937 Death is said to have occurred on the date stated above, at 8:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency & Congestive failure	17 Mo
Other contributory causes of importance: Arteriosclerosis	?
Senility	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

E 98617

HEALTH DEPARTMENT—CITY OF BALTIMORE

98617

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 No Green St., H-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Richard H. Garrett

(a) Residence: No. 230 No Greendt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Belle Garrett

6. DATE OF BIRTH (month, day, year) Feby 22 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apts

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Tyrone Md Ireland

13. NAME Wm Garrett

14. BIRTHPLACE (city or town) (State or country) Tyrone Md

15. MAIDEN NAME Annie Wallace

16. BIRTHPLACE (city or town) (State or country) Tyrone Md

17. INFORMANT Hazel Garrett
(Address) 1235 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Feb 4, 1934

19. UNDERTAKER Mrs. George H. Kellas
(Address) [illegible]

20. FILED Feb 4 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 17, 1934 to Feby 17, 1934

I last saw [illegible] alive on Feby 17, 1934 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia due to Ruptured appendix.	Feby 14-34

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.

(Address) 16 So Broadway

D. B. 1268-9

E 98618

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98618

CERTIFICATE OF DEATH

XV 34

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Isaac

(a) Residence: No. Baltimore Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Reed

6. DATE OF BIRTH (month, day, year) 64

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mr Reed

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mr Reed

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Provident Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rehoboth Cem Date 2-21-34

19. UNDERTAKER Sam Tarker
(Address) 766 Eden

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-18-34 . 19 . to 2-18-34 . 19

I last saw him alive on 2-18-34 . 19 . Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency

Date of onset

Other contributory causes of importance:

Syphilis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify, ...

(Signed) William [illegible] M. D.

(Address) Provident Hospital

E 38619

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38619

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2614 Puget St. 25-01 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Parker

(a) Residence: No. 2619 Puget St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George E. Parker

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Annie —

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Chas. J. Eaton

(Address) 2600 Towson St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date 2/23 1934

19. UNDERTAKER Walter B. Griggs & Son

(Address) 1344 W. Hamburg St.

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/34

22. I HEREBY CERTIFY, That I attended deceased from 1/11/34 to 2/18/34

I last saw h alive on 2/17/34 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/14/34
Acute Nephritis	1/11/34
Other contributory causes of importance:	
Arteriosclerosis	1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Hartkin, M. D.

(Address) 912 N. Gilmor St

M. D. B. 1268-9

E 98620

98620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3900 Old Frederick Rd 70-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Cashmer Ripper

(a) Residence: No. 3900 Old Frederick Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Ripper

6. DATE OF BIRTH (month, day, year): Nov. 21, 1860

7. AGE: Years 73 | Months 2 | Days 29 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Chambersburg Pa

13. NAME OF FATHER: Unknown

14. BIRTHPLACE (city or town) (State or country): Pa

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Mrs. Ida Ripper (Address) 3900 Old Frederick Rd

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date Feb 22 1934

19. UNDERTAKER: Wm. J. McQueen Sons (Address) Howard & Fremont

Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to Feb 19, 1934

I last saw h[illegible] alive on Feb 19, 1934 Death is said to have occurred on the date stated above, at 4.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other contributory causes of importance: Acute Dilatation Pulmonary Edema	2 days

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas Shrosbree M. D.

(Address) 2681 Frederick Ave

M. D. B. 1581-9 E 98621

E 98621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

H6859

161-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Womens Hospital St. 28-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Deckman
(a) Residence: No. 420 Liberty Heights Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word):
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): February 16 - 1934
8. AGE: Years — Months — Days — If LESS than 1 day, 4 hrs. or — min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
11. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Maryland
13. NAME: Clarence H. Deckman
14. BIRTHPLACE (city or town) (State or country): Maryland
15. MAIDEN NAME: Anna Duncaster
16. BIRTHPLACE (city or town) (State or country): Maryland
17. INFORMANT: Mother
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Date 19
Place
19. UNDERTAKER
(Address) BALTIMORE
Date 19 Registrar

CARNEGIE INSTITUTION OF WASHINGTON
DEPARTMENT OF EMBRYOLOGY
JOSEPH HOPKINS BIOLOGICAL LABORATORIES
BALTIMORE, MARYLAND

FEB 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 16 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1934 to Feb 16 1934
I last saw h[illegible] alive on Feb 16 1934 Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Other contributory causes of importance: Asphyxia Neonatorum	

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) John G Murray M. D.
(Address) 9 Root Chase Street

D. P. 1268-9

E 98622

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98622

CERTIFICATE OF DEATH

107-001

25-01

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto General Hosp St., (Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Augustowski

(a) Residence: No. 1626 Cherry Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jf Md College Date Feb 21, 1934

19. UNDERTAKER

(Address)

FEB 21 1934

20. FILED Feb 21 1934 Registrar

0137

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__

I last saw h alive on _____, 19__. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Jan. 28 1934

Other contributory causes of importance:

Cardiac Failure	

Name of operation _____ Date of _____

What test confirmed diagnosis? Injury Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Joseph L. Valentine M.D. Coroner

(Address) 16 South Broadway

H. D. P. 1268-a

E 98623

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98623

CERTIFICATE OF DEATH

V 174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp St., 17-01 (Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Guilford Johnson

(a) Residence: No. 909 Myrtle Ave St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or race: Col | 5. Single, Married, Widowed, or Divorced (write the word): M

If married, widowed, or divorced, BUSBAND of (or) WIFE of: Zola Johnson

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40 1/2			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Prince George Co Md

13. NAME OF FATHER: John Johnson

14. BIRTHPLACE (city or town) (State or country): Howard Co Md

15. MAIDEN NAME OF MOTHER:

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: John Johnson
(Address) 16

BURIAL, CREMATION, OR REMOVAL
Place: N Md College Date: Feb 21, 1934

UNDERTAKER
(Address)

FILED ..., 19... Registrar.

0438

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 17 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Pneumonia	3 Days
Complicating	
Gun Shot Wound	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis: Autopsy ... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Feb 3, 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Gun Shot Wound

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Lee Cornish, M. D.
Coroner

(Address) ...

D. B. 1268-9

E 98624

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98624

CERTIFICATE OF DEATH

Registered No. 190

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Washington Blvd & Mar 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William Reid

(a) Residence: No. Shack at Wash Blvd & Mansel St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Unknown

6. DATE OF BIRTH (month, day, year) — Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
Estimated 65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Unknown

13. NAME — Unknown

14. BIRTHPLACE (city or town) (State or country) — Unknown

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) — Unknown

17. INFORMANT — Records of Southwestern Police Station

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Feb 21 1934

19. UNDERTAKER

(Address)

20. FILED ....., 19.... Registrar.

0436

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ?....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cold and exposure	?

Other contributory causes of importance: (over)

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 South Broadway

D. B. 2268-K

E 98625

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98625

CERTIFICATE OF DEATH

75

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 No. Mount St., 19-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ray Mac Fadden

(a) Residence: No. 42 No. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced
HUSBAND of Unknown
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C. W. A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) Dec 1933 | 11. Total time (years) spent in this occupation. ?

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sadie Wright

(Address) 420 No. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date Feb 21, 1934

19. UNDERTAKER

(Address)

19. FILED ....., 19.... Registrar.

0135

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	Feb 12, 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Injury Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 South Broadway

M. D. E 98626 ✓ E 98626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Riley

(a) Residence: No. 336 Camden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) January 23 - 1934

AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Clonious Riley

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Edith Jordan

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date Feb 21 1934

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

0134

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23rd 1934, to Jan 23 1934.
I last saw h[illegible] alive on Jan 23rd 1934. Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1-23-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John M. Spence M. D.

(Address) Johns Hopkins Hospital

M. D. Form 1268 E 98627 Hoakley. ✓ E 98627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Dr. ave St., 11-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elick Hoakley

(a) Residence: No. 717 D. ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Hoakley

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME Sa. Jones

14. BIRTHPLACE (city or town) (State or country) D. C.

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Jones
(Address) 1005 Brooklyn Ave

18. BURIAL, CREMATION, OR REMOVAL Pt. Calvary Cem. Date 12/21 1934

19. UNDERTAKER Bernard O'Malley
(Address) 5 Mount Hill Ave

20. FILED DEC 21 1934 19..... Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/34

22. I HEREBY CERTIFY, That I attended deceased from 12/10 1934 to 12/19 1934

I last saw him alive on 12/18 1934 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12/9/34

Other contributory causes of importance:

Arteriosclerosis	7 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Lee Ellis M. D.

(Address) 527 Monroe Ave

Spec.—1-10-21—M&T—1500 Bks.

98628 E 98628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 S. Rose ST., 1-01 WARD)

2-FULL NAME Andrew F. or Henry Kaczmarek

(a) RESIDENCE NO. 809 S. Rose ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Kaczmarek

6 DATE OF BIRTH (month, day, and year) Nov 22-1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER John Kaczmarek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) France Kaczmarek 809 S. Rose St.

15 Filed 1934 by Eugene Williams, Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 20 1934

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1934 to Feb 20, 1934

that I last saw him alive on Feb 20, 1934

and that death occurred, on the date stated above, at 7.50 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Ryan M. D.

Feb 21, 1934 (Address) 801 S. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Feb 24 1934

20 UNDERTAKER Stephen L. Faulkowski & Co ADDRESS 1000 S. Kenwood Ave

M. D. B 1268-9

(Kawacki) ✓E 98629

HEALTH DEPARTMENT—CITY OF BALTIMORE

38629

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 35 yrs. ..... mos. ..... ds.

2. FULL NAME Lena Kawacki

(a) Residence: No. 3241 O'Donnell St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Kawacki

6. DATE OF BIRTH (month, day, year) Sept. 2 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Peter Goszinske

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Victoria Wozniak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Kawacki

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Feb. 23

Place St. Stanislaus Date Feb 1934

19. UNDERTAKER Stephen D. Fuhrmann Inc

(Address) 1000 E. Kinwood Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19 1934

22. I HEREBY CERTIFY, That I attended deceased from February 2 1937 to February 19 1934

I last saw h[illegible] alive on February 19 1934 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. Asthenia - senilis	
3. Chronic glomerulo nephritis	
4. Bronchial pneumonia terminal	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) ST. JOSEPH'S HOSPITAL

M. D. B. 1268-9

✓ E 98630

98630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 5-A (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laubie Earlie

(a) Residence: No. 109 N. Acquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry Earlie

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Virgie Stanton

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place J.H.Med. College Date Feb-21 19 34

19. UNDERTAKER

(Address)

19 Registrar.

1934 0140

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1933 to Feb 18 1934

I last saw him alive on Feb. 18, 1934 Death is said to have occurred on the date stated above, at 6:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accident	4 days
Other contributory causes of importance: Peripheral neuritis, U. Leg. Cause?	3 mo

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) I D Magill, M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

98631

✓ E 98631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 11-61

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Phillips

(a) Residence: No. 1200 Madison ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6a. If married, widowed, or divorced, BUSBAND of (or) WIFE of: Gertrude Phillips

7. DATE OF BIRTH (month, day, year) Dec. 25, 1900

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Porter 670

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME James Phillips

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sarah Harrison

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Med College Date Feb 21 19 34

19. UNDERTAKER

(Address)

1934 0141

[illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1933 to Feb. 19, 1934

I last saw h... in alive on Feb. 19, 1934. Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1933
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-0

✓ E 98632

98632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jeff Mackay

(a) Residence: No. 2 S Frederick St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): September 19, 1880

7. AGE: Years 53 | Months 4 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): South Carolina

FATHER

13. NAME: Jeff Mackay

14. BIRTHPLACE (city or town) (State or country): South Carolina

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Records Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place U. of M. Med College Date Feb 21, 1934

19. UNDERTAKER (Address)

20. FILED 1934 Registrar.

1934 0142

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934 to Feb 17, 1934

I last saw him alive on Feb 17, 1934 Death is said to have occurred on the date stated above, at 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of Lung.	1 wk

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagel, M. D.

(Address) Balt City Hosp

H. D. B. 1268-9

98633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-E 98633

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 4-C (Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Brother Jules Raymond Burke

(a) Residence: No. Normal Institute-Ammendale Rd (County) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) July 11, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME Patrick Burke

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Troy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Ammendale Md Date Feb 23, 1934

19. UNDERTAKER Joseph Kaiser Laurel Md
(Address)

FILED FEB 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934 to Feb 21, 1934.
I last saw h[illegible] alive on Feb 21, 1934. Death is said to have occurred on the date stated above, at 11:5[illegible] A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Left)	7 mos.
Arteriosclerotic Cardio-Vascular Disease	? years
Other contributory causes of importance: Lobular Pneumonia	6 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Burns M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

Litvinick ✓ E 98634

98634 14

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Litvinick

(a) Residence: No. 501 N Central St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/16/34

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
		4 d	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Litvinick

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Helen Rutkowska

16. BIRTHPLACE (city or town) (State or country) Md Russia

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Holy Trinity Russian Date Feb. 22 1934

19. UNDERTAKER John Grebliauckas (Address) 423 S Paca St.

Filed ..... 1934 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1934 to Feb 21, 1934

I last saw him alive on Feb 21, 1934 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of the Esophagus	2-16-34
Other contributory causes of importance: Pneumonia, Bronchi-	2-19-34

Name of operation Gastrostomy Date of 2-19-34

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Maurice L. Hirsh M. D.

(Address) Johns Hopkins Hosp

M. D. P. 1268-4

98635 ✓ E 98635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2226 N. Calvert St. St. 12-01 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen H. Beard

(a) Residence: No. 2226 N. Calvert St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josiah Frank Beard

6. DATE OF BIRTH (month, day, year) Jany. 19, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

13. NAME Hudson Ames

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Harriet Mason

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Alice G. Beard

(Address) 2226 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemy Date 2/22/34 19

19. UNDERTAKER Wm. O. Mitchell Funeral Inc.

(Address) 1900 Eutaw Place

20. FILED 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Febry 13th 1934 to Febry 19 1934

I last saw her alive on Febry 19th 1934 Death is said to have occurred on the date stated above, at 9:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertension	1921
Other contributory causes of importance:	
Acute Pulmonary Edema	2/13/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harriet Mitchell M. D.

(Address) 2112 Maryland Ave.

H. D. B. 1268-9

E 98636

98636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604. E. Ann St. St., 3-01 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John. Krieger

(a) Residence: No. 407-S. Broad St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Krieger

DATE OF BIRTH (month, day, year) Feb 18-1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Relief

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.W.A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Philadelphia Pa

13. NAME Jacob. Krieger

14. BIRTHPLACE (city or town) (State or country) Germany Poland.

15. MAIDEN NAME Lubanson

16. BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT Police Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place St Pauls Cem. Date February 23 1934

UNDERTAKER Wendel Funeral Co

(Address) 1201 E. Baltimore St.

FILED 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h— alive on 19 Death is said to have occurred on the date stated above, at 10:30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Alcoholism	

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Steiger Mod M. D. Coroner

(Address) 205 N. Eutaw

M. D. B. 1268-0

E 98637

HEALTH DEPARTMENT—CITY OF BALTIMORE

98637

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5414 Reisterstown Rd. 24 Ward)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Beck

(a) Residence: No. 5414 Reisterstown St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Henry L. Beck

6. DATE OF BIRTH (month, day, year) July 17 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Knitting Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Phila. Pa

FATHER

13. NAME George W. Weaver

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Fannie Bayley

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Mr. Henry L. Beck
(Address) 5414 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL Place Westview Cemetery Date Feb 23 1934

19. UNDERTAKER J. Edward Gray
(Address) 2733 Reisterstown Rd

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from February 15th 1934 to February 20th 1934

I last saw her alive on February 20th 1934 Death is said to have occurred on the date stated above, at 8 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1 20 31

Other contributory causes of importance:

Chronic Myocarditis	3 15 32

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Schwarz M. D.

(Address) 1701 N. Eutaw Ave

A&Co. 5-31 2500

98638 E 98638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 W. Fairvale St. 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Eugene Hurley

(a) Residence: No. 2018 W. Fairvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 4. 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Albert E. Hurley.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Grace L. Krause

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Geo. Lupes

(Address) 2018 W. Fairvale St.

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Feb 23 1934

UNDERTAKER Hughes & Sheehan

(Address) 2418 W. Fayette St.

FILED 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1933 to Feb. 20, 1934

I last saw him alive on Feb 19 1934 death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pachymeningitis	12/29/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Homer C. Good M. D.

(Address) 735 N. Fulton Ave

H. D. H. 1268-9

98639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98639

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 N. Eden Street St., 9-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Hallauer

(a) Residence: No. 1523 N Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Westminster
(State or country) Maryland

13. NAME Adam Puppert

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Germany

INFORMANT Mrs. Frances Heath
(Address) 1523 N. Eden Street

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date Feb/24 1934

UNDERTAKER John J. Kuhn.
(Address) 401 Schiller St.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febr. 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9th 1931 to Febr 20th 1934.
I last saw her alive on Febr. 18th 1934. Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation.	chronic
Pulmonary Edema	

Other contributory causes of importance:

obesity	chronic
Hypertensive cardiovascular renal disease.	"

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Mary A. True M. D.

(Address) 120 Aisquith St

A4Co. 5-31 250B

E 98640

98640

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 93-003

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Hudson Street St. No-01 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosalie Jaworski

(a) Residence: No. 3601 Hudson Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of the Late Michael Jaworski

DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME George Kusin

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Agnes Kolodziej

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mr. Adam Jaworski. Son
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Feb. 23 19 34

UNDERTAKER John M Kieber
(Address) 401 S Chester St.

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19 19 34

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1934 to Feb. 19, 1934
I last saw her alive on Feb. 19 1934 death is said to have occurred on the date stated above, at 8:12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Right Hemiplegia)	
Myocardiolis	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Andrew Hawkins M. D.
(Address) 3584 Eastern Ave.

D. B. 1268-9

E 98641

8641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Helen L. Riemer

(a) Residence: No. 1836 McHenry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) November 11-1921

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	12	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William H. Riemer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Nancy G. Lawless

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mrs Anna Cunningham

(Address) 942 Rosedale St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 23, 19

UNDERTAKER Geo A Harley

(Address) 1700 Pennsylvania Ave

FILED ....., 19.... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20. 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ..... Death is said to have occurred on the date stated above, at 1 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	
1st 2nd and 3rd degree burns	
	Feb 15

Other contributory causes of importance: None that I know of

Name of operation Surgery Date of Feb 21-34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? Burns Date of injury Feb 15 1934

Where did injury occur? At Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 1836 McHenry (Home)

Manner of injury Some turns of Boiling water and Gas burns.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jos J. Valentine 4 O M. D.
Coroner

(Address) 16 So Broadway

AACo. 5-11 250B

E 98642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98642

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Bdle St. Ward) 16 (If death occurred in hospital or institution, give its NAME instead of street and number.)

Registered No. 108

Length of residence in city or town where death occurred ..yrs..mos. ..ds. How long in U.S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mr Lawrence Martin Moore

(a) Residence: No. 1300 W Lexington St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced ~~HUSBAND~~ of Husband of Mrs Dolores Louise Moore

DATE OF BIRTH (month, day, year) Sept 10 1901

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	32	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. furniture store

10. Date deceased last worked at this occupation (month and year) Feb 15 1934

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) San Francisco California

13. NAME Robert Moore

14. BIRTHPLACE (city or town) (State or country) San Francisco Calif

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Dolores Moore

(Address) 1300 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/23, 1934

19. UNDERTAKER J M Cole

(Address) 1217 W Fayette St

FILED FEB 22 1934

20. Clinton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1934, to Feb 21, 1934

I last saw him alive on Feb 21, 1934 death is said to have occurred on the date stated above, at 3 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia right side	Feb 16, 1934.
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Michael J. Uricchio M. D.

(Address) South Bdle Fr 1935

M. D. B. 1266 E 38643 Senzi Dreyler E 38643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Frank Dreyler - (Senzi)

(a) Residence: No. Ruxton, Md (c/o J. E. Mossay) Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced (or) WIFE of Frank Dreyler

6. DATE OF BIRTH (month, day, year) June 16, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Joseph Ritzer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Senzi Brandel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date 2/23 1934

19. UNDERTAKER: [illegible]

(Address) 1217 E. Fort Ave

20. FILED [illegible] 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1934 to Feb 20, 1934

I last saw her alive on Feb. 20 1934 Death is said to have occurred on the date stated above, at 11 Y.A. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Operative Shock	2/20/34

Other contributory causes of importance:

Sarcoma of rt. lung	Unascertain.

Name of operation Pneumonectomy Date of 2/20/34

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) W. B. Seidle, M. D.

(Address) Union Memorial Hospital

M. D. B. 126 E 98644 E 98644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 210 E 20th St., 12-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 12 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida B Kemp
(a) Residence: No. 210 E 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Howard Kemp

7. DATE OF BIRTH (month, day, year): Dec 6, 1885

8. AGE: Years 48 | Months 2 | Days 17 15 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 048

10. Date deceased last worked at this occupation (month and year): Jan 1934

11. Total time (years) spent in this occupation: 8

12. BIRTHPLACE (city or town) (State or country): Kent Co Md

13. NAME OF FATHER: John Marks

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Ida (Unknown)

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Robert E Kemp
(Address): 2105 E Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: Feb 23rd 1934

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

20. FILED: Feb 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to Feb 21, 1934
I last saw her alive on Feb 21, 1934 Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Feb 21

Other contributory causes of importance:
Hypertension

Name of operation: None Date of: No

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Pegram, M. D.
(Address) 2105 E Chase St

M. D. B. 1208 E 98645 Harkins E 98645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial (Hospital) (St., Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Charles (Ruth) Harkins
(a) Residence: No. 3344 Gelston Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. Color or Race W
5. Single, Married, Widowed, or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Harkins
6. DATE OF BIRTH (month, day, year) Apr 9, 1888
7. AGE Years 45 Months 10 Days 12 If LESS than 1 day, hrs. or min.
OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
MOTHER FATHER
13. NAME Frank H Barger.
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Eleanor E. Ley.
16. BIRTHPLACE (city or town) (State or country) Balto Md.
17. INFORMANT Husband before death
(Address)
18. BURIAL, CREMATION, OR REMOVAL Date 2/23 1934
Place Loudon Park
19. UNDERTAKER Wm Cook
(Address) 1214 E Fond St
20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21 1934
22. I HEREBY CERTIFY, That I attended deceased from 2/4 1934 to 2/21 1934
I last saw h. alive on 2/21 1934 Death is said to have occurred on the date stated above, at 1:45 a m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Bronchial pneumonia	2 days
Adynamic ileus	2 days
following Hysterectomy	3

Other contributory causes of importance: Circulatory failure.

Name of operation Supracervical Hysterectomy Date of 2/5/34
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred Kadan M. D.
(Address) Union Memorial Hosp.

M. D. B. 12-D 98646 E 98646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 N. Calvert St. 11-C Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Richard Philamon Wall

(a) Residence: No. 1129 N Calvert St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced (HUSBAND of) WIFE of Ephaeh Skinner Hall

7. DATE OF BIRTH (month, day, year) Sept 19 1882

8. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
51	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive Sec'y Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ins

10. Date deceased last worked at this occupation (month and year) Dec. 1933

11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) (State or country) Charles Co., Md.

13. NAME John Taylor Hall

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Dawie

16. BIRTHPLACE (city or town) (State or country) Upper Marlboro Maryland

17. INFORMANT Mrs R. P. Wall

(Address) 1129 Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem Upper Marlboro Date Feb 22 1934

19. UNDERTAKER Harry A. Tukins Son Co

(Address) McCulloh & Orchard Sts

20. FILED Feb 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1933 to Feb 19 1934

I last saw him alive on Feb 19 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	Two yrs ago

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis clinical & autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Peter B. Eyler M. D.

(Address) 1403 Park Ave

M. D. B. 1268-9

E 98647

28170 E 98647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Thornton

(a) Residence: No. 1627 W. Mulberry St., Oclet Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joshua

6. DATE OF BIRTH (month, day, year) 10/15/1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Martha Graham

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Wana Middlesex Co Va Date 2/22 19 34

19. UNDERTAKER Samuel T. Hensley
(Address) 525 N. Biddle St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1934 19..., to Feb 20 1934
I last saw her alive on Feb 20 1934. Death is said to have occurred on the date stated above, at 750 a.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm Aorta	1933?
Syphilis	1936?
Other rontributory causes of importance:	
Rupture (spontaneous) Aneurysm	2/20/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Blanchard Lightner M. D.

(Address) Johns Hopkins Hospital

M. D. B. 12-30 E 98648

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98648

106-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ~~1907 Harlem Ave~~ St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. 6 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arlene Sullivan

(a) Residence: No. 1907 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 29, 1934.

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. md.

13. NAME Charles R. Sullivan

14. BIRTHPLACE (city or town) (State or country) Balto. md

15. MAIDEN NAME Ida Abramson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Charles R. Sullivan
(Address) 1907 Harlem ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 2/37 1934

19. UNDERTAKER Frederick A Ole
(Address) 1200 W Lombard St.

20. FILED ..... 19.. by ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-21-34 1934 to 2-21- 1934

I last saw her alive on 2-21- 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Laryngitis	1-18-34
Ulcerative Tuberculosis	1-18-34

Other contributory causes of importance:

Name of operation Tracheotomy Date of 2-5-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Weiner M. D.

(Address) Sinai Hospital

M. D. No. E 98649

E 98649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Eutaw Place St. 13-01 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amanda Oppenheimer

(a) Residence: No. 2301 Eutaw Place St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Reuben Oppenheimer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Julie Weinberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Reuben Oppenheimer
(Address) 2301 Eutaw Place

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Har Sinai Cem. Date Feb. 22, 1934

19. UNDERTAKER Harry Sonneborn & Son
(Address) 1902 Eutaw Place

20. FILED ... 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1920, to Feb 20, 1934

I last saw h.. alive on Feb 20, 1934 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 15 1934
Other contributory causes of importance:	
Chronic Nephritis	1911
*Ictrus - obstruction of common duct	Dec 6 '33
Aortic Stenosis (Auscultatory signs)	1929

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Louis P. Hamburger, M. D.

(Address) 1207 Eutaw Place.

M. D. B. 1264 E 98650

E 98650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

nonresident

2. FULL NAME William E. Turnbaugh

(a) Residence: No. Bentley Springs, Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) Apr. 15, 1933

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Wm E. Turnbaugh

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Muriel Taylor

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Wm E Turnbaugh

(Address) Bentley Spring

BURIAL, CREMATION, OR REMOVAL Mt Zion Cemetery Frederick Md 2/22 1934

UNDERTAKER Earl M. Starr Undertaker

(Address) New Freedom, Pa.

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1934, to Feb 21, 1934

I last saw h[illegible] alive on Feb 21, 1934. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles.	1-28-34

Other contributory causes of importance:

Bilateral Bronchopneumonia	2/3/34

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Myron C Tuck M. D.

(Address) Sydenham Hospital

M. D. B. 12648 E 98651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98651

V 34

Registered No. 15-81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Thompson

(a) Residence: No. 1722 E. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Thompson

6b. DATE OF BIRTH (month, day, year) March 22, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46		10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME William Thompson

14. BIRTHPLACE (city or town) (State or country) Richmond Va

15. MAIDEN NAME Lucy Pollard

16. BIRTHPLACE (city or town) (State or country) Staunton Va

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carvalry Date Feb 23, 1934

19. UNDERTAKER C. A. Brooks

(Address) 1463 N. Carey St

20. FILED 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1934 to February 20, 1934

last saw him alive on Feb 20, 1934 Death is said to have occurred on the date stated above, at 7.53 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene, both lower L. Legs, arteriosclerosis	1 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Pragel M. D.

(Address) Balt City Hosp

D. B 1268-9

E 98652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98652

CERTIFICATE OF DEATH

V 175

. PLACE OF DEATH

Registered No. .....

TY OF BALTIMORE: (No. St. Joseph Hospital St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

FULL NAME Marjorie A. Wood

(a) Residence: No. 3508 Keene Ave St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Sept 1/1914 Sept 14

GE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	19	5	20	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

3. NAME Frederick L. Wood

4. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

5. MAIDEN NAME Carmille Taylor

6. BIRTHPLACE (city or town) (State or country) Wilmington, N.C.

NFORMANT Frederick L. Wood

(Address) 3508 Keene Ave

URIAL, CREMATION, OR REMOVAL

Place Pine Carlander Date 2/22 19 34

NDERTAKER Leonard J Ruck

(Address) 5305 Harford Rd.

ILED .....19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21/34 19

22. I HEREBY CERTIFY, That I attended deceased from .....19..... to .....19.....

I last saw h..... alive on .....19..... Death is said to have occurred on the date stated above, at 5.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection due to incomplete abortion	???

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? at present unknown (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place probably criminal abortion

Manner of injury Still under investigation

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. Wagner Coroner, M. D.

(Address) 508 E Monument

M. D. B. 1206

E 98653

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98653

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 96-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick A. Davis

(a) Residence: No. None St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct. 17, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 071

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

13. NAME John Davis

14. BIRTHPLACE (city or town) (State or country) Frederick Md

15. MAIDEN NAME Mary Dean

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Reynds
(Address) Baltimore City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Round Hill Date 2/22, 1934

19. UNDERTAKER J. J. Fahey & Son
(Address) 1215 Light St

20. FILED Feb 21 1934, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934 to Feb 16, 1934

I last saw h. alive on Feb 16, 1934 Death is said to have occurred on the date stated above, at 10:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, asphibtic	
Cardiac Insufficiency	?
Myocardial Insufficiency	
Congestive failure	2 wks
Other contributory causes of importance:	
Infarct of Lung	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Magill M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

E 98654

Hoppe

E 98654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Ensor St. 10-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma J. Hoppe

(a) Residence: No. 932 Ensor St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Hoppe

7. DATE OF BIRTH (month, day, year) Dec 26, 74

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME James Gates

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Miss Grant
(Address) 932 Ensor St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 24 1934

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Druid Point Ave

20. FILED Feb 27 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1934 to Feb 24 1934

I last saw h[illegible] alive on Feb 24 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) La Grippe	Jan 27 1934

Other contributory causes of importance:

Endocarditis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John Davis M. D.

(Address) 926 Ensor St

M. D. B. 1268-B E 98655

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98655

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 W. Biddle Street St. 11-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNIE C. CROUSE

(a) Residence: No. 233 W. Biddle Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar. 2 1871

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
62	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Joseph Crouse

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie Zeigler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. May Davis Crouse
(Address) 233 W. Biddle Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Feb 23, 1934

19. UNDERTAKER Chas. B. Dawes & Son
(Address) 113 W. Mt. Royal Ave.

20. FILED Feb 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 15, 34 to Feb 21, 34
I last saw deceased alive on Feb 21 1934 Death is said to have occurred on the date stated above, at 5.40 a. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Myocarditis and Mural Insufficiency

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Schmunck M. D.

(Address) 1337 S. Charles St.

Spec.—9-30—A. & Co.—250 Bks

E 98656

E 98656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 717 Rutland Ave St 7-ed WARD)

2 FULL NAME Elizabeth Pratt

(a) RESIDENCE NO. 717 Rutland Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
f	c	widowed

6 If married, widowed, or divorced (or) WIFE of John Pratt

DATE OF BIRTH (month, day, and year) Jan. 13, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Richard Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Cecelia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Mrs Mary A. Parker

(Address) 2515 Maddison Av.

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-19-34

17

I HEREBY CERTIFY, That I attended deceased from 2-8, 1934, to 2-19, 1934, that I last saw h[illegible] alive on 2-17, 1934, and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma (stomach + liver)

(duration) ? yrs. ? mos. ! ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? —

(Signed) Raymond Brown M. D.

19 (Address) 1507 E. Madison St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 2-22 1934

20 UNDERTAKER Bryant Minnie A. Wright ADDRESS 1215 N. Eden St

M. D. B. 1-9 E 98657

E 98657

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 East St. 5-01 Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Watkins

(a) Residence: No. 211 East St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
M	C	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Watkins

7. DATE OF BIRTH (month, day, year) 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	79			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Elizabeth Hughes

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Tora Woods

(Address) 211 East St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 2-23rd 1934

19. UNDERTAKER Bryant Manuel Wright

(Address) 211 E. Eldersley St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1934, to Feb 20, 1934.

I last saw h alive on Feb 20, 1934. Death is said to have occurred on the date stated above, at 1:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	Feb 12 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address)

E 98658

M. D. B. 1268-9M

E 98658

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

Registered No. 37-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4701 Schley Ave St. 37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Gibmeyer

(a) Residence: No. 4701 Schley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of Rose M.

7. DATE OF BIRTH (month, day, year) Jan. 28. 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53		26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 466

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Bernard Gibmeyer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Josephine Schmitt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Gibmeyer

(Address) 4701 Schley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 2/24 1934

19. UNDERTAKER Leonard J. Roche

(Address) 530 Linwood Road.

20. FILED FEB 23 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3 1933 to Feb 21 1934

I last saw h[illegible] alive on Feb. 20 1934 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	About 2 yrs

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo. F. Kelly M. D.

(Address) 1137 Lough St.

D. [illegible] E 98659 E 98659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President & Hoop St. 1-1-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christopher Columbus Dabney

(a) Residence: No. 1722 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Dabney

6. DATE OF BIRTH (month, day, year) Dec 25-1861

7. AGE: Years 57 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper in Garage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8 6

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME OF FATHER Richard Dabney

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Laura —

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Nellie Dabney
(Address) 607 N. Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Gloucester Co Va Date Feb 22 1923

19. UNDERTAKER Mr. Geo. F. Keller
(Address) 1631 Pennsylvania Ave

FILED 2 . 1923 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18-1923

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Heart & Dilatation also Coronary Disease	

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Kirk M. D.
Coroner

(Address) Gloucester

E 98660

Spec.—1-12-22—M&T—500M

E 98660

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 Division ST. 17-01 WARD)

2-FULL NAME Kathrine Bailey

(a) RESIDENCE NO. 1237 Division ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Single

6 If married, widowed or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct. 18-1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	4	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Tunnel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Florence Mason

(Address) 1237 Division

Filed 3 22 1934 19 H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 21 1934

17 I HEREBY CERTIFY, That I attended deceased from 2-1-34 . 19 . to 2-20-34 . 19 .

that I last saw h Ex alive on [illegible] . 19 .

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Grip & Bronchitis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. N. Cardozo, M. D.

2-20-34 (Address) 1524 S. Hill ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Feb 23/1934

ADDRESS

20 UNDERTAKER George L. Holland Jr. Druid Hill

M. D. E 98661 Julia Morgan E 98661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 E Belnord Ave St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Morgan

(a) Residence: No. 110 E Belnord St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos. Morgan

7. DATE OF BIRTH (month, day, year) Aug. 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) 6/10

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Randall Daigle

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Nellie Russell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thos Morgan

(Address) 110 E Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 1/22/34

19. UNDERTAKER Mrs. George E. Holland

(Address) 1631 Druid Hill Ave

20. FILED 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19/34 19

22. I HEREBY CERTIFY, That I attended deceased from 11/4/33 19 to 1/19/34 19. I last saw her alive on 1/18/34. Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul Tuberculosis	11/33
Sis	

Other contributory causes of importance:

Name of operation Thoracentesis Date of 1/6

What test confirmed diagnosis? Thoracentesis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Lee Hill M. D.

(Address) 42 Druid

M. D. B. 1268-9 E 98662 E 98662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3123 Elliott St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adam E. Jackowiak

(a) Residence: No. 3123 Elliott St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

7. DATE OF BIRTH (month, day, year) Aug 8 1903

8. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	30	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME OF FATHER William Jackowiak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME OF MOTHER Frances Pilarski

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Catherine Jackowiak
(Address) 3123 Elliott St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Feb 24 1934

19. UNDERTAKER Martin W. E. Puppe Inc.
(Address) 312 Amity St.

20. FILED FEB 22 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1934 to Feb. 20 1934

I last saw h. alive on Feb. 20 1934 Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Jordan M. D.

(Address) 441 S. Ellwood Ave

M. D. B. 1268 E 98663 E 98663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 2-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Welsh

(a) Residence No. 123 S Wolfe St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) March 27, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chrom Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Co.

13. NAME John Welsh

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Cecelia Lucas

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 23 1934

19. UNDERTAKER to Mark H. E. Dippold Inc

(Address) 37 E Lanvale St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1934 to Feb 20, 1934

I last saw him alive on Feb 20, 1934 Death is said to have occurred on the date stated above, at 4:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. D. Magee M. D.

(Address) Balt. City Hosp

D. B. 1968-9

E 98664 E 98664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 96

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 W. West St. St. 23-01 Ward)

Length of residence in city or town where death occurred 4 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathaniel Johnson. (C)

(a) Residence: No. 136 W. West St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, WIFE (or HUSBAND) of Sennie Johnson. (C)

6. DATE OF BIRTH (month, day, year) January 13, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

13. NAME OF FATHER Charlton Johnson. (C)

14. BIRTHPLACE (city or town) (State or country) South Carolina.

15. MAIDEN NAME OF MOTHER Mildred Dells. (C)

16. BIRTHPLACE (city or town) (State or country) South Carolina.

17. INFORMANT Gertrude Hart. (C) sister.

(Address) 136 W. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Gastonia N C Date 2/22/34 19

19. UNDERTAKER Isaac L Brown & Co

(Address) 108 N Montgomery St

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage due to a spontaneous ruptured miliary aneurysm of the basear artery	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Autopsy & inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

2/21/34 (Signed) Otto M. Reinhardt, M. D. Coroner

(Address) 1017 E. Charles st.

H. D. B. 1268-9

E 98665

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98665

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Park Ave. St. [illegible] Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Anne Deming.

(a) Residence: No. 1713 Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph C. Deming

DATE OF BIRTH (month, day, year) ~~Feb. 22 1838~~ about

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	95	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H'wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norfolk, Va.
(State or country)

13. NAME Willian Brown.

14. BIRTHPLACE (city or town) Norfolk, Va.
(State or country)

15. MAIDEN NAME Sarah Anne Brown

16. BIRTHPLACE (city or town) Norfolk Va.
(State or country)

17. INFORMANT Sarah C. Lazenby

(Address) 336 Suffolk.

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va. Date 2/28 1934

19. UNDERTAKER John C. Whitehill Sons

(Address) 1300 Eutaw Place

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1934 to Feb. 22 1934.

I last saw her alive on Feb. 22 1934 Death is said to have occurred on the date stated above, at 12.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure.	
Other contributory causes of importance: Broncho-pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. C. Lazenby M. D.

(Address) 4200 Monticello Rd.

M. D. B. 1249 E 98666 ✓ E 98666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 E Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jack Chin

(a) Residence: No. 210 W. Mulberry st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) China

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) China

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Forrest Cem. Date Feb 23, 1934

19. UNDERTAKER John F Denny
(Address) 715 Light St.

20. FILED ..... 19..... ..... Registrar.

FEB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1934 to Feb. 21, 1934

I last saw h 10 alive on Feb. 21, 1934. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	Unknown
Other contributory causes of importance:	
Carcinomatosis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C. Shaw, M. D.

(Address) Baltimore City Hospitals

D. B 1268-9

E 98667 E 98667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3 W. Clement St. St., 23-01 Ward)

Length of residence in city or town where death occurred 66 yrs. 9 mos 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas G. Forster.

(a) Residence: No. 3 W. Clement St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 6, 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George Forster.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Alverta Reynolds.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Jennie Forster. (sister)
(Address) 3 W. Clement St.

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb. 23 19 34

UNDERTAKER Margaret E. Flynn
(Address) 107 W. Libert St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner M. D.

(Address) 1017 E. Charles st. 2/21/34

M. D. B. 1268-0

E 98668

28062 E 98668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Williams

(a) Residence: No. Rosewood Training School St., ... Ward. Owings Mills Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 6/20/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Hesekiah Wetzel

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Amanda Shroobery

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Brandenburg Md Date 2/25th, 1934

19. UNDERTAKER Thomas Cook
(Address) 1217 St Paul Street

20. FILED FEB 27 1934, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1934 to Feb 22, 1934

I last saw her alive on Feb 22, 1934 Death is said to have occurred on the date stated above, at 4.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1928
Gangrene of rt foot	Nov 1933

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Name of operation Amputation Date of Feb 13 1934

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Josef J. Bergmeyer, M. D.

(Address) Johns Hopkins Hospital

M. O. B. 12644 E 98669 ✓ E 98669

28205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 301 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emanuel Isler

(a) Residence: No. 1524 E Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 7-13-1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N Car

13. NAME John Isler

14. BIRTHPLACE (city or town) (State or country) N Car

15. MAIDEN NAME Virginia Stanley

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Kenilworth N C Date Feb 23, 1934

19. UNDERTAKER Edw Bergen

(Address) 1691 Orleans St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb-14, 1934 to Feb 19, 1934

I last saw h.m alive on Feb 19, 1934. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Bronchopneumonia~~	~~2/13/34~~
Septicaemia, staph aureus	2/13/34
Peritonitis, staphylococcus aureus.	2/13/34
Acute pericarditis and ~~endo~~ endocarditis, staph aureus.	2/13/34
Other contributory causes of importance:	
Chronic rheumatic heart disease	1924
Mitral stenosis & insuff. aortic insuff?	
Idiopathic Epilepsy	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joel J. Bergmeyer M. D.

(Address) Johns Hopkins Hospital

...C.—1-30—M. & T.—250 Blks

E 98670 ✓ E 98670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE, (No. 901 Parish ST. 16-01 WARD)

2-FULL NAME Mary Forty

(a) RESIDENCE NO. 901 Parish St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

If married, widowed, or divorced HUSBAND of or) WIFE of Lloyd Forty

DATE OF BIRTH (month, day, and year) Dec 23 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	1	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework & Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Calvert Co

10 NAME OF FATHER Frank Dorsey

11 BIRTHPLACE OF FATHER (city or town) Calvert Co
(State or country)

12 MAIDEN NAME OF MOTHER Maria Barnhart

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co
(State or country)

Informant Helen Gulimen
(Address) 901 Parish St.

Filed FEB 23 1934, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-20-1934

17 I HEREBY CERTIFY, That I attended deceased from 11-13-, 1933, to 2-20-, 1934,
that I last saw her alive on 2-7-, 1934,
and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Unknown (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Unknown

Unknown (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Frank J. Saunders, M. D.

2-21-1934 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 2-22-1934

20 UNDERTAKER Owens & Easton — ADDRESS 916 Eutaw

Spec.—1-10 21 M&T 1-30-18

E 98671

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98671

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4304 Arabia Av. ST. 27-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Wills

(a) RESIDENCE NO. 4304 Arabia Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Enoch Wills

7 DATE OF BIRTH (month, day, and year) Jan. 5, 1860.

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	1	15	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Conrad Lentz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz Heinlein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Adele Scheffer 4304 Arabia Av.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2.20.34.19

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16. 33. 19 to Feb. 20. 34. 19

that I last saw her alive on Feb. 19. 34. 19

and that death occurred, on the date stated above, at 12.10A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interatitial Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio schlerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical-chemical-microscopical

(Signed) Philip B. Fauble M. D.

2.20.1934 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL 2/23/34

20 UNDERTAKER George J Roth Sr

ADDRESS 1735 Harford

B 23 1934

M. D. P. 1268 E 98672 ✓ E 98672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Gilliam

(a) Residence: No. 1506 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Black
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): 1913
8. AGE: Years: 21; Months; Days; If LESS than 1 day, ... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): md.
13. NAME Samuel
14. BIRTHPLACE (city or town) (State or country): Va.
15. MAIDEN NAME Ellen Miller
16. BIRTHPLACE (city or town) (State or country): Va
17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL
Place Auburn Date Feb 23 19 34
19. UNDERTAKER Wendell J. Diffee
(Address) 300 S. Eden St
20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1934 to Feb. 20 1934
I last saw him alive on Feb. 20 1934. Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	Jan 1934
Tuberculous meningitis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) ..... M. D.
(Address) Johns Hopkins Hospital

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 48673

CERTIFICATE OF DEATH

146

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7b-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. 9 mos. ds. (Germany)

2. FULL NAME Johanna Kober (Johanna Kober)

(a) Residence: No. 122 N. Highland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Kober, Jr.

7. DATE OF BIRTH (month, day, year): Feb. 3 - 1916

8. AGE: Years 18; Months —; Days 16; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Karl Patig

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Conner

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Frank Kober Jr.

(Address) 122 N. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Feb. 23, 1934

19. UNDERTAKER: J. Connelly

(Address) Towson, Md.

20. FILED Feb 23 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1934 to Feb. 19, 1934

I last saw her alive on Feb. 17, 1934. Death is said to have occurred on the date stated above, at 11:15 Pm.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Pulmonary Tuberculosis

Uremia

Date of onset: Feb. 9, 1934

Other contributory causes of importance: Suppurative parotitis, bilateral

Pleurisy

Feb. 4, 1934

July, 1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Mark Woodward, M. D.

(Address) Sinai Hospital

E 98674 ✓ E 98674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters St., 25-01 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Ida Archer

(a) Residence: No. 1208 Brevan Fairfield St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Fem	Colored	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lincoln Archer

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Greenville S. C.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) S C

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) S C

INFORMANT Sadie Vanlandingham

(Address) 1608 Brady Ave

BURIAL, CREMATION, OR REMOVAL

Place Int Curtain Date Feb 23. 1934

UNDERTAKER Robert F. Wilkins

(Address) 1610 McElderry St

FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Arterial Hypertension	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) S. Sterling Mc ... M. D.
Coroner

(Address) 1300 N. Patterson Park

D. B 1268-9

E 98675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98675

82-001

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. City Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alonzo Poston

(a) Residence: No. 815 N. Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Spartanburg
(State or country) S C

12. NAME Unknown

14. BIRTHPLACE (city or town) Spartanburg
(State or country) S C

15. MAIDEN NAME Annie — ?

16. BIRTHPLACE (city or town) Spartanburg
(State or country) S C

INFORMANT Lettie Jessie

(Address) 1012 Sterling St

BURIAL, CREMATION, OR REMOVAL

Place Spartanburg S.C. Date Feb 23 1934

UNDERTAKER Robert H Wilkins

(Address) 515 N McCulloh St

FILED , 19 Registrar.

E 98675

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from —, 19, to —, 19

I last saw h alive on , 19. Death is said to have occurred on the date stated above, at 11.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J Strong Neal M. D.

Coroner

(Address) 1305 N Patterson Park Ave

D. B. 1268-9

E 98676

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98676

CERTIFICATE OF DEATH

16-01 178-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Laurens St., ... Ward)

Length of residence in city or town where death occurred ? yrs. ? mos. ? da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Archie Robinson

(a) Residence: No. 1429 Laurens St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: Col'd | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Minnie L.

6. DATE OF BIRTH (month, day, year): 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90 39			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Helper

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rectifier

9. Date deceased last worked at this occupation (month and year): 044

10. BIRTHPLACE (city or town) (State or country): Richmond Va

11. Total time (years) employed in this occupation: ?

12. NAME: unknown

13. BIRTHPLACE (city or town) (State or country): Va

14. MAIDEN NAME: unknown

15. BIRTHPLACE (city or town) (State or country): Va

16. INFORMANT: Minnie L. Robinson

(Address) 1429 Laurens

17. BURIAL, CREMATION, OR REMOVAL

Place: Douglas Memorial Date: Feb 28 1934

18. UNDERTAKER: Gradwell L. Gaddis

(Address) 2101 E. Eutaw St.

FILED Feb 23 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 21 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on Inquiry Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Accidental Asphyxiated by Illuminating Gas — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, homicide? Accident Date of injury Feb 21 1934

Where did injury occur? 1429 Laurens
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Gas.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Leek M. D.

(Address) Coroner

Rec. 8-16-29—L. F. S.—100 Eks.

E 98677

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98677

CERTIFICATE OF DEATH

92-001

REGISTERED NO. 45-91

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 Elsinore Ave ST. 45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herman Nutter

(a) RESIDENCE NO. 2403 Elsinor ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Emma Nutter

DATE OF BIRTH (month, day, and year) Sept 28 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	23 24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) R. R. 004

(c) Name of employer P&O R. R.

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Samuel Nutter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Pa

12 MAIDEN NAME OF MOTHER Cara Offelt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nazareth Pa

Informant Mrs Emma. Nutter

(Address) 2403 Elsinore ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 21/34

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1933, to Feb 22, 1934, that I last saw him alive on Feb 21, 1934, and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) un known yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary disease

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy

(Signed) Thurlow Tuttle, M. D.

2/22, 1934 (Address) 1319 Light Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Feb 24 1934

20 UNDERTAKER Robert S. Tuttle

ADDRESS 230 Penrose Ave

E 98678

E 98678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 W. Lanvale St. 17-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Albert Hachtel

(a) Residence: No. 701 W Lanvale St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura C Brandt

DATE OF BIRTH (month, day, year) May 11-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto City

13. NAME OF FATHER John L. Hachtel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Catherine Mansdorfer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Laura C Hachtel

(Address) 701 W Lanvale St

BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Co. Date Feb 24 1934

UNDERTAKER Geo L Beyer & Sons

(Address) 512 Hollins St

FILED FEB 23 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 4th 1934 to Feb 20th 1934

I last saw him alive on Feb 20th 1934 death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema — Date of onset Feb. 17th
Cardiac Dilitation — Feb 4th

Other contributory causes of importance:

Prostatic Elargement
Arterio Sclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William J Hessick M D

(Address) 1700 Linden Ave

aCo. 5-H 3508

E 98679

E 98679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 John St St. 14-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Wasley Gilbert

(a) Residence: No. 1710 John St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Louisa Gilbert

DATE OF BIRTH (month, day, year) Mch 10 - 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. File Setter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. File Business
10. Date deceased last worked at this occupation (month and year) Feb - 1934
11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Harford Co Md

12. NAME Isaac Gilbert

13. BIRTHPLACE (city or town) (State or country) Harford Co Md

14. MAIDEN NAME Martha J Treadwell

15. BIRTHPLACE (city or town) (State or country) Balto. Co Md

INFORMANT Mr Howard E. Gilbert
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb 23 1934

UNDERTAKER Geo L. Boyer Jr
(Address) 1512 Hollins St.

FILED FEB 23 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1933 to Feb 20 1934
I last saw h me alive on Feb 18 1934 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2/20/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. Edw. Jacobs M. D.
(Address) 2026 Eutaw Pl

M. D. B. 1268-9

E 98680

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98680

CERTIFICATE OF DEATH

172-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. 95-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Jacobs

(a) Residence: No. 2442 Frederick Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie M Jacob

DATE OF BIRTH (month, day, year) Feb. 12, 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	0	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ticket Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) Feb. 1934

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frederick Jacob

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Sidney Stern

(Address) 3040 E Lanvale St

BURIAL, CREMATION, OR REMOVAL

Place Green Hill Date 2/23/34

UNDERTAKER F. S. Wampler & Son

(Address) 300 Eutaw Place

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934 to Feb 20, 1934

I last saw him alive on Feb. 20, 1934 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction — Date of onset 2-12-34

Other contributory causes of importance:

Postoperative hernia + adhesions — 7-30-31

Name of operation Ventral Hernioplasty Date of 2-13-34

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. C. Zeu M. D.

(Address) Md. Gen. Hospital

M. D. B. 126

E 98681

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98681

H6

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Thomas

(a) Residence: No. 1247 Winchester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: M Ricard

7. DATE OF BIRTH (month, day, year)

AGE: Years: 60 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: M Ricard

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: M Ricard

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: J Ricard (Address) 1247 Winchester

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cemetery Date Feb 23 1934

19. UNDERTAKER: Thomas E Kelson (Address) 1303 Presstman st

20. FILED ..... Registrar.

FEB 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-16-34, 19 to 2-20-34, 19

I last saw her alive on 2-20-34, 19 Death is said to have occurred on the date stated above, at 5 St P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Hypertension	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Jesse Bowen M. D.

(Address) Provident Hospital

M. D. H. (2685)

E 98682

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98682

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Birdie L. Windle WINDLE

(a) Residence: No. 2227 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Windle

DATE OF BIRTH (month, day, year) Feb 2, 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	0	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Thomas Hoffman

14. BIRTHPLACE (city or town) (State or country) Mass.

15. MAIDEN NAME Emma Harrison

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 24 1934

19. UNDERTAKER Mr. & Mrs. John W. Gunkel & Son
(Address) 801 W. Fayette St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934 to Feb 21, 1934

I last saw her alive on Feb 21, 1934 Death is said to have occurred on the date stated above, at 11:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	6 mos?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. H. Burns, M. D.

(Address) Mercy Hospital

H. D. B. 1268-9

E 98683 ✓ E 98683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd Gen. Hospital

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 12-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosie Henson

(a) Residence: No. 2215 Hargrove Alley St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	A. A.	Widow

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Henson

DATE OF BIRTH (month, day, year) 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C. D.I.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Lillian Henson

(Address) 1002 W. Franklin

BURIAL, CREMATION, OR REMOVAL

Place W. L. Cochran Date Feb. 23, 1934

UNDERTAKER Samuel H. Chase & Son

(Address) 638 N. Gilmor

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/12, 1934, to 2-18, 1934.

I last saw h.e alive on 2/18, 1934. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular Renal disease	Unk
Hypertension	
Right Hemiplegia	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker St

M. D. B. E 98684 E 98684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.
CITY OF BALTIMORE: (No. St., 16-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis H. Thomas

(a) Residence: No. 913 N. Carey st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irene Thomas

DATE OF BIRTH (month, day, year) July 11, 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician 96

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wade Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Blanch Herbert

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date Feb. 24, 1934

19. UNDERTAKER Saml. W. Chase & Son
(Address) 638 N. Gilmor

20. FILED Feb 24 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21 1934

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1931 to February 21, 1934

I last saw h. in alive on February 21, 1934. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. No. E-98685 ✓ E 98685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~Life~~ yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME George Cornish

(a) Residence: No. home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single ?

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William Cornish

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME ? Green

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury cemty Date Feb 23. 34

19. UNDERTAKER Mrs Joseph Locks

(Address) 1302 Jefferson st

20. FILED 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 18. 1934 to Feb. 20. 1934

I last saw h[illegible] alive on Feb. 20 1934 Death is said to have occurred on the date stated above, at 11 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Congestive failure	1 hr?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I P Magee M. D.

(Address) Balt City Hosp

D. B. 1268-9

E 98686

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98686

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Chestnut Ave St. 13-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E Phipps

(a) Residence: No. 3710 Chestnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma E Phipps

6. DATE OF BIRTH (month, day, year) Aug 24, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	28	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation 0 5 2

11. BIRTHPLACE (city or town) (State or country) md

12. NAME OF FATHER William Phipps

13. BIRTHPLACE (city or town) (State or country) md

14. MAIDEN NAME OF MOTHER Catherine Nace

15. BIRTHPLACE (city or town) (State or country) md

16. INFORMANT Emma E Phipps
(Address) 3710 Chestnut Ave

17. BURIAL, CREMATION, OR REMOVAL
Carroll Chapel, MD Date Feb 25, 1937

18. UNDERTAKER Thanower & Son
(Address) 3615 Chestnut Ave

19. FILED [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Valvular disease of the heart. — Date of onset

Other contributory causes of importance:

Asthmas

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

Respectfully

(Signed) John J. Morrissey M. D.
Coroner.

(Address) 363 Roland Ave.

M. D. P. 1288-2

98687 ✓ E 98687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1401 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Jacobson

(a) Residence: No. 2023 Rupp St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Max S. Jacobson

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Style

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Vorkron

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Vorkron

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Max S. Jacobson

(Address) 2023 Rupp St.

18. BURIAL, CREMATION, OR REMOVAL 2-23-34

Place Sinai Mem Date ... 19...

19. UNDERTAKER Levi Funeral Home

(Address) 1437 E. Baltimore St.

FEB 23 1934

Registrar.

Hampton Mitchell M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1934 to Feb 22, 1934

I last saw h.e alive on Feb 22, 1934. Death is said to have occurred on the date stated above, at 4:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	Oct, 1933
Bronchopneumonia	2-20-34

Other contributory causes of importance:

Diabetes mellitus	?
Arteriosclerotic Heart Disease	?
Chronic myocarditis	?

Name of operation Pan-hysterectomy Date of 2-14-34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Mark Hollinger M. D.

(Address) Sinai Hospital

E 98688

E.D. 98688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 707 S. Dallas St. 3-01 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

2. FULL NAME Henry Herrmann

(a) Residence: No. 707 S Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline

7. DATE OF BIRTH (month, day, year): June 30 1855

AGE — Years: 75 | Months: 7 | Days: 22 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Henry Herrmann

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Elizabeth Donahue
(Address): 707 S Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place: Leader Hill Date: Feb 26 1934

19. UNDERTAKER: Martin W. E. Kuhlke
(Address): 37 S. Central Ave

FILED FEB 23 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1934 to Feb. 22 1934

I last saw him alive on Feb. 21 1934 (26). Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Central Pneumonia (Two Days)
Myocarditis
Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Hammond M. D.

(Address) 2589 Eastern Ave.

D. H 1268-9

98689 ✓ E 98689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Pennsylvania Ave. St., 25-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Betty Jane Young

(a) Residence: No. 814 Pennsylvania Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) November 5, 33

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	3	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore

10. NAME John Young.

11. BIRTHPLACE (city or town) (State or country) Baltimore

12. MAIDEN NAME Gethin Haring

13. BIRTHPLACE (city or town) (State or country) Baltimore

14. INFORMANT Mrs Gethin Haring
(Address) 814 Pennsylvania Ave.

15. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Feb 24 1934

16. UNDERTAKER George L. Lehnert.
(Address) 2101 Frederick Ave.

Filed ..... 19 ..... Registrar

FEB 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 21-34

Other contributory causes of importance:

None

Name of operation Inquest Date of Feb 22-34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine D. M. D. Coroner

(Address) 16 So Broadway

H. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

98690 E 98690

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 34 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md St., 18-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Jones

(a) Residence: No. 918 W. Franklin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Coleb
(Address) Balto City Hospitals

BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Feb 23, 1933

UNDERTAKER Mr. Kahn R. Williams
(Address) 322 N. Eutaw St.

FILED FEB 23 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19- 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-14- 1933 to 2-19- 1934

I last saw him alive on 12-19- 1933 Death is said to have occurred on the date stated above, at 12.10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	2
Other contributory causes of importance: Pulmonic Infection	2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harry Feldman M. D.

(Address) 1 W. Mt. Vernon Pl.

M. D. B. 1268-9

E 98691 HEALTH DEPARTMENT—CITY OF BALTIMORE E 98691

CERTIFICATE OF DEATH

35

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals (Ward) S.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Sara Whilley

(a) Residence: No. 258 N. Arlington Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	col	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of McBurn Whilley

DATE OF BIRTH (month, day, year) 2/16/1895

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	-	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 070

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Feb 23, 1934

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 333 E. Saratoga St.

FILED Feb 23 1934, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/7, 1933 to 2/20, 1934

I last saw her alive on 2/20, 1934 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Stricture of rectum

Date of onset

Other contributory causes of importance:

Cachexia

Total exhaustion psychosis 3 mo

Name of operation colostomy Date of Nov 33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Brown M. D.

(Address)

D. B. [illegible] E 98692

E 98692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Anna B. ~~Pauly~~ Pauly

(a) Residence: No. 2500 Erdman ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Henry Pauly

DATE OF BIRTH (month, day, year) Feb. 19/1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Adam Klob.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Catherine Cinolf

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mrs Otto Bauernfeind

(Address) 2500 Erdman Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Feb 26 / 1934

UNDERTAKER Philip Henrig & Sons

(Address) 2016 Pulaski Hy.

FILED Feb 26 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/21/34 . 19 . to 2/22/34 . 19

I last saw her alive on 2/22/34 . 19 . Death is said to have occurred on the date stated above, at 10:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/11/34
~~Cardiac failure~~	

Other contributory causes of importance:

arterio - sclerotic cardio - vascular disease & partial heart block, auricular fibrillation.

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. W. Burns M. D.

(Address) Mercy Hospital

E 98693

I. D. B. 1268-9

E 98693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 946 Mason St. 17-01 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Wilson

(a) Residence: No. 946 Mason St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Wilson

DATE OF BIRTH (month, day, year) 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) Kingston
(State or country) S. C.

13. NAME James Thompson

14. BIRTHPLACE (city or town) Kingston
(State or country) S. C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ...
(State or country) S. C.

INFORMANT Edward Wilson
(Address) 946 Mason St.

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 2/24/ 1937

UNDERTAKER Samuel J. Hemsley
(Address) 578 W. Biddle St

FILED ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1933 to Feb 20 1937

I last saw h... alive on Feb 20 1937 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of the Colon	?
Other contributory causes of importance:	

Name of operation Exploratory Section Date of ...

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so specify ...

(Signed) Wm H. Watts M. D.

(Address) 515 N. Arlington Ave

E 98694

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98694

CERTIFICATE OF DEATH

114-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur L. C. Smith

(a) Residence: No. 3410 Edgewood Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal.	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Sinclair Smith

DATE OF BIRTH (month, day, year) Mch 12 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	11	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Arth Smith

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Susan Rix

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs Jennie S. Smith

(Address) 3410 Edgewood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 2-24-, 19 34

19. UNDERTAKER J. Wm. O. Whitelock Inc.

(Address) 1210 Eutaw Place

20. FILED 2-24-, 19 34 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/27, 1934, to 2/22, 1934

I last saw him alive on 2/22, 1934. Death is said to have occurred on the date stated above, at 11:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess - Left.	
Pneumonia	
Other contributory causes of importance:	
Secondary Hemorrhage	2/20/34

Name of operation Thoracotomy Left. Date of 2/14/34

What test confirmed diagnosis Clinical? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Bowman M. D.

(Address) Univ. of Md. Hosp.

H. D. B. 1268-2

E 98695

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98695

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Apts. St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Dungan Fenhagen

(a) Residence: No. Hopkins Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles D. Fenhagen

DATE OF BIRTH (month, day, year) April 25, 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George W. Corner

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary J. Dungan

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles D. Fenhagen Jr.

(Address) Hopkins Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. 2/23/34 19

19. UNDERTAKER John C. Mitchell Sons Inc.

(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/34 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1934 to Feb. 21 19 34

I last saw her alive on Feb. 21 1934 Death is said to have occurred on the date stated above, at 5-20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enteritis Colitis	1 day
Acute Pulmonary Edema	12 hours

Other contributory causes of importance:

Diabetes Mellitus	11 years

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Gibson Porter M. D.

(Address) 4822 Roland Ave.

Filed Feb 1934 Baltimore, Md.

M. D. B. 1265-B

É 98696

98696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 115-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 S. Paluski St. 20-C Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy Wattemeyer

(a) Residence: No. 12 S. Paluski St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Nov. 12. 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	3 4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Ellison Wattemeyer

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Pearl Stanley

16. BIRTHPLACE (city or town) (State or country) Dame Hospital Md

17. INFORMANT (Address) Ellison Wattemeyer 15 S. Paluski St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 2/23/34 19

19. UNDERTAKER (Address) John J. Emmerson Jr. 221 S. Eutaw St.

20. FILED ..... 19 ..... Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18. 1934 to Feb. 21, 1934

I last saw him alive on Feb 21, 1934. Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Septicemia.	2/14/34
Other contributory causes of importance:	
Peri-tonsilar Abscess	2/14/34

Name of operation none Date of —

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. Fenton M. D.

(Address) 688 Hamburg St.

1934 W

M. D. B. 1268-9 E 98697 E 98697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 1-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 Fait ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? 48 yrs. mos. ds.

2. FULL NAME Pelagia Dregier

(a) Residence: No. 2608 Fait ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Late Frank Dregier

DATE OF BIRTH (month, day, year) 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Thomas Atlenski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Joseph Dregier
(Address) 2608 Fait ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Feb 26 1934

19. UNDERTAKER Charles A. Weber
(Address) 705 E. Lanvale St.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1932 to Feb. 21 1934
I last saw her alive on Feb. 21 1934 Death is said to have occurred on the date stated above, at 10 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	2/21/34
Other contributory causes of importance: Chronic Endocarditis & Insufficiency	3 yrs.

Name of operation Date of

What test confirmed diagnosis? P.D.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John K. Jagenbrein, M. D.

(Address) 1802 Eastern ave

ACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

98698 — E 98698

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 W. Lexington St., 19-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Martha Crimm

(a) Residence: No. 1513 W. Lexington St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Crimm

DATE OF BIRTH (month, day, year) — — 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Dillon S.C.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

INFORMANT Robert Davis

(Address) 1513 W. Lexington

BURIAL, CREMATION, OR REMOVAL

Place Dillon S.C. Date 2-23 1934

UNDERTAKER Dennis Easton

(Address) 916 Eutaw

FILED 2-19 1934 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19, 1934

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1934 to Feb. 19 1934

I last saw her alive on Feb. 18 1934, that death is said to have occurred on the date stated above, at 6.00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Liver	about 4 mos ago.

Other contributory causes of importance:

Name of operation Laparotomy Date of June 1933

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. Ed Dell M.D.

(Address) 718 N. Eutaw St

E 98699

H. P 1268-9

8699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 3717 Centre Place St. 26-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME John B Rucko

(a) Residence: No. 3717 Centre Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 9 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cato Md

13. NAME George Rucko

14. BIRTHPLACE (city or town) (State or country) Cato Md

15. MAIDEN NAME Anna Dora

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Anna Rucko
(Address) 3717 Centre Place

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 24 1934

19. UNDERTAKER Lilly & Zielenski
(Address) 1032 Gough St.

20. Filed Feb 26 1934 M. H. Lyons Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance: Chicken Pox	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. G. Herrera M.D. M. D.
Coroner.
(Address) 1305 N Fulton Ave

K. D. B 1268-9

E 98700

98700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. Balto Md St., 13-W Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Duvall

(a) Residence: No. 2402 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Alberta Duvall

DATE OF BIRTH (month, day, year) 5-28-82

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Camp Carroll Maryland

13. NAME Lionel Duvall

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Betty Waters

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records Balto City Hospls.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feby 24 1934

UNDERTAKER John Ellis & Son Inc.
(Address) Lexington Ave

Filed 1934 Harrington Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21 1934

22. I HEREBY CERTIFY That I attended deceased from 1-20- 1934 to 2-21 1934

I last saw him alive on 2-21 1934 Death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	2 y.
Other contributory causes of importance: Lueic Infection	2 y.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry A Gamm M. D.

(Address) Baltimore City Hospitals

D. H. 1268-b

98701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98701

164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4108 Ashland Ave St., 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Bertha M. Dement

(a) Residence: No. 4108 Ashland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Christopher K. Dement

DATE OF BIRTH (month, day, year) Jany 8/1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	1	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

9. NAME John E. Price

10. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

11. MAIDEN NAME Rebecca Leaf

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md

INFORMANT Christopher K. Dement
(Address) 4108 Ashland Ave

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Feby 26 1934

UNDERTAKER John Ulrich
(Address) 2108 Eutaw Pl

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at between Mid & 11 A. M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Poisoning	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ... 19 ...
Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home - 2nd floor front bed room
Manner of injury Short hose attached to
Nature of injury stop cock of wall bracket

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
(Address) 508 E Monument

E 98702

H. D. B. 1265-9

98702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6014 Bertram St., Hamilton Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marshall F. Ellis

(a) Residence: No. 6014 Bertram St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 21, 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Marshall F. Ellis

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Ethel Quill

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Mrs Ella Quill

(Address) 6014 Bertram

BURIAL, CREMATION, OR REMOVAL

Place Moreland Mem Pk Date May 27, 1927

UNDERTAKER Edw Ulrich

(Address) 2 E Lexington

FILED May 27, 1927 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1927

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1926 to May 22, 1927

I last saw h... alive on May 22, 1927 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	

Other contributory causes of importance:

Asthma	

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

H. D. B 1268-9

E 98703

98703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2900 Alameda St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James L. Miller

(a) Residence: No. 2900 Alameda St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal.	W.	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ann May Miller

DATE OF BIRTH (month, day, year) Apr. 14-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Louis H. Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Sarah Zachary

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Irene M. Miller

(Address) 2900 Alameda

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feby 24 1934

UNDERTAKER John Allsaid

(Address) 20 [illegible]

FILED 24 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to February 21 1934

I last saw him alive on February 21 1934 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with metastasis to Liver	2/33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas D. Edmunds M. D.

(Address) 2746 Alameda Blvd.

E 98704

98704

280908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 26-61 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Komorowske

(a) Residence: No. 11 S. Janney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	—

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Jan 13 34

AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Jan 13 1933

13. NAME Stephan Komorowske

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Woudrofske

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place U of Md Medical College Date Feb 23, 1934

UNDERTAKER

(Address)

FILED ..... 19..... Registrar.

0143

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1934, to Feb 12, 1934.

I last saw h... in alive on Feb 12, 1934. Death is said to have occurred on the date stated above, at 10.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1-13-34
Septicemia - B. lactis aerogenes	2-1-34
Pyuria	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Blood Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marcus S. Hayhurst M. D.

(Address) Johns Hopkins Hosp

D. B 1268-9

E 98705

98705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St. Joseph Hospital St., 8-01 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Girl Manley

(a) Residence: No. 1202 N. Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Feb 16/34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		17 hrs	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) St. Joseph Hospital Balto., Md.

10. NAME Herbert Manly

11. BIRTHPLACE (city or town) (State or country) Fluvanna, Va.

12. MAIDEN NAME Julia Stack

13. BIRTHPLACE (city or town) (State or country) Bal'o., Md.

14. INFORMANT Julia Stack Manley

(Address) 1202 N. Rose St

15. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Feb 23 1934

16. UNDERTAKER

(Address)

17. FILED ..... 19 .....

Registrar.

0144

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity- 7 mons gestation	
(Cause of delivery undetermined)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Mason, M. D.
Coroner

(Address) 508 E Irvine Ave

E 98706 STATE OF MARYLAND—CERTIFICATE OF DEATH XV 53 E 98706

1. PLACE OF DEATH

County Baltimore

Village or City Baltimore City

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Registration Dist. No.

No. 910 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Ella M. Clayton

(a) Residence: No. Charlestown, Md St., Ward 124 Melville St Baltimore, Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Clayton

6. DATE OF BIRTH (month, day, and year) Dec 8 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Camden N. J.

MOTHER'S MAIDEN NAME

13. NAME Charles Marshall

14. BIRTHPLACE (city or town) (State or country) Camden N. J.

15. MAIDEN NAME Rebecca Hamilton

16. BIRTHPLACE (city or town) (State or country) Camden N. J.

17. INFORMANT (Address) Harry E Clayton Charlestown, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Charlestown, Md Date Feb 26, 1934

19. UNDERTAKER (Address) Joseph R. Grant North East, Maryland

20. FILED , 19 Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 23rd (Month) (Day) 1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 23rd 34 to Feb 23rd 34

I last saw him alive on Feb 24th 1934 death is said to have occurred on the date stated above, at 1130 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Axillary Gland	

Other Contributory Causes of importance

Name of operation Removal Tumor Date of

What test confirmed diagnosis Was there an autopsy No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Geo W Montgomery M.D.

(Address) 401 E. 25th St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

H. D. B 1268-9

E 98707

98707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Bailey

(a) Residence: No. 1640 Gorsuch Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 21/34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) 1640 Gorsuch Ave. Baltimore, Md.

13. NAME George H. Bailey

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md

15. MAIDEN NAME Evelyn Stack

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Dr. Seibert

(Address)

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Feb 23 19[illegible]

UNDERTAKER

(Address)

FILED ... 19 ... Registrar.

0145

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12.30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 5-6 mons gestation	
(Cause of delivery probable	
Influenza)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

Coroner

(Address) 5 of E Monument

MaCo. 5-31 250B

E 98708

8708

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Smith Balto. General Hospital (Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Charles Ebert (Charles Eber)

(a) Residence: No. 1125 Sterrett St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Katie Eber

DATE OF BIRTH (month, day, year) June 30, 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glassblower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standell Bros. Glass factory

10. Date deceased last worked at this occupation (month and year) Nov. 1933

11. Total time (years) spent in this occupation 50 yrs

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Joseph Eber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Steinhelber

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Mary Knapman

(Address) 2815 W. Fayette St.

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date February 26 34

UNDERTAKER Joseph Cook

(Address) 1003 W. Baltimore St.

FILED 1934 ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1934 to Feb 23, 1934

I last saw h... alive on Feb 23 1934 death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Left lung / a partial collapse as result of fibrosis	?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Michael J. Wiecieck M. D.

(Address) Smith Balto General Hospital

M. D. B. 1268-9

E 98709

HEALTH DEPARTMENT—CITY OF BALTIMORE

98709

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2723 Louise Ave (Ward) 27-01

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emily R. Kirwan

(a) Residence: No. 2723 Louise Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, ~~Married Widowed~~ or ~~Divorced~~ (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ——

DATE OF BIRTH (month, day, year) Feb 21st 1893

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Daniel Miller Co

10. Date deceased last worked at this occupation (month and year) Feb 1934

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Francis R. Kirwan

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Emily R. Tosyph

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Leila L. Kirwan

(Address) 2723 Louise Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 24th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15 1933 to Feb 21 1934

I last saw h.e alive on Feb. 21 1934 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Secondary metastases in lungs, pleura, ribs liver.

Other contributory causes of importance:

Primary carcinoma of right mammary gland

Name of operation Halsteds Date of 1928

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

Yes. If so, specify Injury to breast.

(Signed) E. T. Bouchelle M. D.

(Address) 204 St. Paul St.

M. D. B. 1268-9

E 98710

HEALTH DEPARTMENT—CITY OF BALTIMORE

98710

CERTIFICATE OF DEATH

108

Registered No. 16-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3134 Presstman St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Brickley

(a) Residence: No. 3134 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 3rd 1911

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Clarence E. Brickley Sr

14. BIRTHPLACE (city or town) (State or country) Bowie Md

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (city or town) (State or country) Cecil Co Md

17. INFORMANT Mrs E. B. Jordan

(Address) 3134 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Feb 24th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17 1934 to Feb 21 1934

I last saw h[illegible] alive on Feb 21 1934 Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

Labor pneumonia — Date of onset Feb 17 1934

Other contributory causes of importance:

Labor Pneumonia — Feb 17/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or hom[illegible]de? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Dubbett M. D.

(Address) 2220 Harlem Ave

ACo. 5-11 2508

98711

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98711

CERTIFICATE OF DEATH

'34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. General St. Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Gill

(a) Residence: No. 609 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9 8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 11-3-33
11. Total time (years) spent in this occupation 2 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Hemsfill

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

15. MAIDEN NAME Alice Virginia Ridgley

16. BIRTHPLACE (city or town) (State or country) Prince George Co Md

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 24, 1934

UNDERTAKER Wm. Cook
(Address) 1217 St Paul St.

FILED 1934 Thurston Phillips M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1934, to Feb 22, 1934

I last saw him alive on Feb 22, 1934, death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	Feb 19, 1934
Other contributory causes of importance:	
Cerebral hemorrhage	?
Nephritis	?
Liver	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Medical Examiner, M. D.

(Address) Balto. City Hospitals

H. D. P. 1268-0

E 98712

98712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Gorsuch Ave Ward) 9-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1yr 8 mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes L Ricker

(a) Residence: No. 601 Gorsuch Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles M. Ricker

DATE OF BIRTH (month, day, year): Feb 22 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 637

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: James Galloway

14. BIRTHPLACE (city or town) (State or country): Scotland

15. MAIDEN NAME: Isabella Truesdale

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Ethel L Ricker

(Address): 601 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL: Greenmount

Place: Greenmount Date: 2/24 1934

19. UNDERTAKER: Wm Cook

(Address): 1214 St Paul St

Filed: 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1934 to Feb 21 1934

I last saw her alive on Feb 21 1934. Death is said to have occurred on the date stated above, at 3:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	2/21/34

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation: None Date of: No

What test confirmed diagnosis: General Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: OK was at work

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 401 E 25th St

D. H. 1265-9

✓ M E 98713

8713

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Thompson

(a) Residence: No. 160 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mercy Hospital

10. Date deceased last worked at this occupation (month and year) | Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country): New Jersey

12. NAME: Richard Thompson

13. BIRTHPLACE (city or town) (State or country): N. J.

14. MAIDEN NAME: Sarah Armstrong

15. BIRTHPLACE (city or town) (State or country): N. J.

16. INFORMANT (Address): Mercy Hospital Records. Calvert & Centre Sts

17. BURIAL, CREMATION, OR REMOVAL: Place: Cremation Date: 2/24 1934

18. UNDERTAKER (Address): Fred J. Lehr Funeral Home 1310 Light St.

19. FILED 2/24 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 21 1934

22. I HEREBY CERTIFY, That I attended deceased from unknown 19 . to 19

I last saw h alive on unknown 19 . Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	2/13/34
Bronchopneumonia	2/19/34

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2. 13. 1934

Where did injury occur? Falls way in Madison St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto plate

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph Cheney M. D. Coroner

(Address) 200 E Madison St

D. B. 1268-9

✓ E 98714

98714 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Lovely St. 10-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Mayo

(a) Residence: No. 1200 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23 33

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Frederick Mayo

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Birdie Mayo

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Frederick Mayo

(Address) 1200 Holbrook St

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 24 1934

UNDERTAKER John L. Miller

(Address) 2435 E. Eager St

FILED Feb 24 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 1 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	About 1 wk

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address) 508 E Fort Ave

M. D. B. 1263-0

✓ E 98715

98715

HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 108

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Herman

(a) Residence: No. Mace Ave, Essex, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Herman

DATE OF BIRTH (month, day, year) June 7, 1904

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	8	16	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER John Blomberg

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Barbara Erickson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 26, 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1934, to 2-23, 1934

I last saw her alive on 2-23-34, 19... Death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, lower L	10 days
Other contributory causes of importance:	
Pregnancy	4 mon
Cardiac failure	5 min

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what? .....

(Signed) [illegible] M. D.

(Address) Md. Gen. Hospital.

D. P 1268-9

E 98716

HEALTH DEPARTMENT—CITY OF BALTIMORE

98716

107-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Pine Ave, Colgate Creek 76-01 Ward)

gth of residence in city or town where death occurred ..yrs. 1 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

FULL NAME James E Riley

(a) Residence: No. Pine Ave Colgate Creek Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Dec 21 1933

GE Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
	2	2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Youngstown Ohio

3. NAME James E Riley

4. BIRTHPLACE (city or town) (State or country) Youngstown Ohio

5. MAIDEN NAME Mary K Smith

6. BIRTHPLACE (city or town) (State or country) Youngstown Ohio

NFORMANT Mary K Riley

(Address) Colgate Creek Md

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 24th 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ..., 19.. Registrar.

M 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at 5½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ;

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Devore M D, M. D.

Coroner

(Address) 1305 N. Fulton Ave

H. D. B. 1268-9

✓ E 98717

98717

HEALTH DEPARTMENT—CITY OF BALTIMORE

50

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Roslyn St., 15-61 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Smith

(a) Residence: No. 2217 Roslyn St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edwin F. Smith

DATE OF BIRTH (month, day, year) March 17 1845

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Samuel Maxwell

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME OF MOTHER Elizabeth Jane Seward

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Edwin A Smith

(Address) 2217 Roslyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2/24 19 34

19. UNDERTAKER Chilcoat & Cook

(Address) 1217 St Paul St

FILED 1934 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Feb 21 1934

I last saw her alive on Feb 21 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2yrs

Other contributory causes of importance:

Senility - Infirmities

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W F Thomas M. D.

(Address) 622 N. Wolfe

M. D. B. 1268-9

E 98718

8718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton City Hospital Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Loretta Salter Arlington Va

(a) Residence: No. 919 Arlington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Salter

DATE OF BIRTH (month, day, year) 4/6/07

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	0	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kingston Va

13. NAME Henry Fassett

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Laura

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Va Date 2/24 1934

19. UNDERTAKER Samuel J. Kemsley

(Address) 515 W. Biddle St.

FILED 2/24 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/17 1934 to 2/22 1934

I last saw her alive on 2/22 1934 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Sepsis	2 Weeks
Other contributory causes of importance:	—

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Brown M. D.

(Address) Bolton City Hosp

M. D. B. 1268-9

21 Rutter 2139 Druid Hill Ave 70 ms

E 98719

98719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Maryland Ave 12-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Winson

(a) Residence: No. 1805 Maryland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Marrd.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50		—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Nellie Winson

(Address) 1805 Maryland

18. BURIAL, CREMATION, OR REMOVAL Richmond Va Date 2/24 1934

19. UNDERTAKER Daniel Boston

(Address) 916 Penn Ave

FILED ... 19... ... Registrar.

2/24/1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/14 1934 to 2/20 1934

I last saw h[illegible] alive on 2/19 1934. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Z. D. B. 1268-9

✓ E 98720

HEALTH DEPARTMENT—CITY OF BALTIMORE

98720

CERTIFICATE OF DEATH

66-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3403 Gwynns Falls Pkway (St.) (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dora King Stotler

(a) Residence: No. 3403 Gwynns Falls Pkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herbert N. Stotler

DATE OF BIRTH (month, day, year) July 24, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher & Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Howard Co Md.

13. NAME Albert King

14. BIRTHPLACE (city or town) (State or country) Charlotte N.C.

15. MAIDEN NAME Susan Underwood

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Miss Marguerite L. Stotler

(Address) 3403 Gwynns Falls Pkway

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date Feb 24 1934

UNDERTAKER Wm H. Lechner Sons

(Address) North & Fulton Aves.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1920 to Feb. 22, 1934.

I last saw h.. alive on Feb. 21, 1934. Death is said to have occurred on the date stated above, at 8.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2/18/34

Other contributory causes of importance:

Hypertherapsidosis	
Chronic Myocarditis & Endocarditis	9 yrs
arteriosclerosis	

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maurice E. Shamer, M. D.

(Address) 3500 N. Howard ave.

H. D. B. 1268-9

98721

E 98721

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Methodist Home for Aged St. 22-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Maria Lewis.

(a) Residence: No. Rogers Ave. St. Washington Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow.
6. If married, widowed or divorced HUSBAND of (or) WIFE of: Benj. C. Lewis.
7. DATE OF BIRTH (month, day, year): Apl. 17-1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): A A Co Md
13. NAME OF FATHER: James Wilson Dove
14. BIRTHPLACE (city or town) (State or country): Md.
15. MAIDEN NAME OF MOTHER: Maria Ann Moreland
16. BIRTHPLACE (city or town) (State or country): Md.
17. INFORMANT: Mr. Benj C. Lewis
(Address): 2411 Harlem Ave.
18. BURIAL, CREMATION, OR REMOVAL: Place Mayo-ago Md. Date Feb 24, 1934
19. UNDERTAKER: Wm Pickup Reed
(Address): North & Paines
20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1933 to Feb 22, 1934
I last saw h. ex alive on Feb 22, 1934 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthmo-sclerosis	1925
Chr. Dual Nephritis	"
Hypertension	
Cerebral Hemorrhage	11/28/33

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? P. E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Homer C. Good M. D.
(Address) 735 N. Fulton Ave.

D. B 1268-9

E 98722

HEALTH DEPARTMENT—CITY OF BALTIMORE

98722

CERTIFICATE OF DEATH

165

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. 900 N. Chester St St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

FULL NAME Agnes M. Businsky

(a) Residence: No. 900 N. Chester St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Businksy

ATE OF BIRTH (month, day, year) Jany 14/1881

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~[illegible]~~ At home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) 37

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Czechoslovskia

13. NAME Anton Hrbek

14. BIRTHPLACE (city or town) (State or country) Czechoslovskia

15. MAIDEN NAME Baroara Viktor

16. BIRTHPLACE (city or town) (State or country) Czechoslovskia

INFORMANT Frank Businsky (son)
(Address) 900 N. Chester St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 26 1934

UNDERTAKER Geo. W. Zirkler
(Address) 1737 E. Eager St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at before 6 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulaton by hanging	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Feb 22/34

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home-Hung herself with rope

Manner of injury to transom leading from

Nature of injury Hallway to kitchen- 2nd flo

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Attending Physician

(Address) 508 E Hoffman

H. D. B. 1268-9

✓ E 98723

8723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Elliott St St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Conrad Freund

(a) Residence: No. 3009 Elliott St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Freund

DATE OF BIRTH (month, day, year) Aug. 1 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	6	22 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. driver 673

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Womble Lumber Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Conrad Freund

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) not known
(State or country)

17. INFORMANT Mrs. David Murphy

(Address) 3009 Elliott St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Feb. 26, 19 34

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

Filed ..... 19 ..... Registrar.

2-1934 & Nov

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 , 19 34

22. I HEREBY CERTIFY, That I attended deceased from January 12th, 19 34 to Feby 22nd, 19 34

I last saw him alive on Feby 21st, 19 34 Death is said to have occurred on the date stated above, at 5-15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	1/10/34

Other contributory causes of importance:

Hypertension
Arteriosclerosis

Name of operation None Date of .....

What test confirmed diagnosis? Urinary Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Murphy M. D.

(Address) 1011 N. Ellwood Ave

spec.—1-12-23—M&T—500 Blks.

98721

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98724

11-002

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3707 Roland Ave St. 13-01 WARD)

2-FULL NAME Catherine Jane Leitz

(a) RESIDENCE NO. 3707 Roland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin Leitz

DATE OF BIRTH (month, day, and year): July 5 1845

AGE: Years 88 Months 7 Days 18

If LESS than 1 day, hrs or min

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Thomas Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sophia Stansbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant: Franklin Leitz

(Address): 707 N. Howard St

Filed 4-1934, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 13, 1934

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1924, to Feb 13, 1934, that I last saw h[illegible] alive on Feb 13, 1934, and that death occurred, on the date stated above, at 9:45 A.M.

The CAUSE OF DEATH* was as follows: Acute Cardiac Dilation

CONTRIBUTORY (Secondary): Myocarditis Fibrosis (duration) yrs 1 mos 1 ds.

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

Feb 13, 1934 (Address) 3615 Foster Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem.

DATE OF BURIAL: Feb 26 1934

20 UNDERTAKER: Franklin Leitz

ADDRESS: 707 N Howard St

ACo. 5-31 2500

98725 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-E 98725

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6001 Reisterstown Rd. St. 27-01 Ward)

Length of residence in city or town where death occurred 16 yrs. — mos. — da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jacob Henry Shearer.

(a) Residence: No. 6001 Reisterstown Rd., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Alice Shearer.

DATE OF BIRTH (month, day, year) Oct 3-1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, gen'l
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy,
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME John Shearer

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Lydia A Minter

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs Wesley Cooper

(Address) 6001 Reisterstown Rd.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 2-25-1934

UNDERTAKER Edward Clifton

(Address) Hampstead Md.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16th, 1934 to Feb 22, 1934

I last saw him alive on Feb 22, 1934 death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	about 1932
Other contributory causes of importance: cerebral hemorrhage	2/16/34

Name of operation none Date of

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George F Rupp, M. D.

(Address) 3830 Edmondson Ave.

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98726 — 154 E 98726 — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 E Lyon ave St., 20-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby High

(a) Residence: No. 411 E. Lyon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Infant

DATE OF BIRTH (month, day, year) Feb 21-1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Infant
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

3. NAME Thomas L. High

4. BIRTHPLACE (city or town) (State or country) Baltimore MD

5. MAIDEN NAME Helen M. Kalt-

6. BIRTHPLACE (city or town) (State or country) Baltimore MD

INFORMANT Thos L. High

(Address) 411 E. Lyon ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 24 34

UNDERTAKER J. B. Lippelt

(Address) 1300 Eutaw Place

FILED Feb 24 1934 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3 days old child. No	
symptoms of illness	
Infant found dead	
Other contributory causes of importance: due to	4
premature birth	2 wks

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 S. Howard St

D. B 1268-9

98727 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 58727

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-6 Ward)

(Life time)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Maud Lee

(a) Residence: No. 1039 Rutland Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of William Lee

6. DATE OF BIRTH (month, day, year) May 7/1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Daniel Bose

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME OF MOTHER Sarah Miller

16. BIRTHPLACE (city or town) (State or country) Ann Arundel Co Md

17. INFORMANT Isabelle Rollins (niece)
(Address) 1039 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date Feb 24 1934

19. UNDERTAKER Robt F Wilkinson
(Address) 15 S Mercer St

20. FILED Feb 24 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Pulmonary Odema	24 hrs	
In hospital 7 hrs		
Other contributory causes of importance:		
Chr Nephritis		?
" Myocarditis		?

Name of operation ... Date of ...

What test confirmed diagnosis? Inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John H Cain M. D.
Coroner

(Address) 508 E Monument

M. D. B. 1268-4

HEALTH DEPARTMENT—CITY OF BALTIMORE

98728

CERTIFICATE OF DEATH 108 E 98728

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 5-161 (Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Smith

(a) Residence: No. Salvator Ferry (Hospitals) St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Stanislaw ?

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 2/24 34

19. UNDERTAKER J. J. Flaherty Son
(Address) 1218 Eutaw St

FEB 24 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1934, to Feb 22, 1934

I last saw him alive on Feb 22, 1934. Death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. Phagel, M. D.

(Address) Balt. City Hosp.

H. D. R. 1265-9

E 98729

98729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma T. Beach

(a) Residence: No. 3507 Edgewood Road (Usual place of abode) 3 days Baltimore Md. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 24, 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	2,	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Charles Beach

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Jannie E Woodridge

16. BIRTHPLACE (city or town) (State or country) Ill U.S.

INFORMANT Geo. E. Beach Son

(Address) 84 Keswick Rd

BURIAL, CREMATION, OR REMOVAL

Springfield Md Date 2/25/34

UNDERTAKER Wm Cook

(Address) 1217 St Paul

FILED FEB 24 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1934 to Feb. 23, 1934

I last saw h[illegible] alive on Feb 23, 1934 Death is said to have occurred on the date stated above, at 10.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic.	
Nephritis, chronic	
Other contributory causes of importance:	
Bronchial pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) David N. Andrews M. D.

(Address) Church Home & Infirmary.

D. B. 1268-9

98730

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98730

CERTIFICATE OF DEATH 82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 W. Barre St. 22-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wheatley

(a) Residence: No. 610 W. Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced WIFE of Mary E. Wheatley

DATE OF BIRTH (month, day, year) 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Charles Wheatley

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Edna Williams

(Address) 610 W. Barre St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 2/24 1924

UNDERTAKER Walter B. Sanders

(Address) 134 Wilkens Ave

FILED 1924 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22-1924

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Apoplexy 7

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

D. P. 1268-9

E 98731

98731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 Lemon St. 18-01 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Carroll

(a) Residence: No. 831 Lemon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William Carroll

DATE OF BIRTH (month, day, year) — 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 5 00

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Frank Parker

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Carroll
(Address) 831 Lemon

BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date 2/24 19 34

UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

FILED 1934 The Fee Division Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1934 to Feb 22 1934

I last saw h[illegible] alive on Feb 21 1934. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/17/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Mabry Nora J. M. D.

(Address) 1216 Park. Balto

Spec.—9-30—A. & Co.—250 Blks

98732 E 98732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 N. Caroline St. 10-A1 WARD)

2-FULL NAME John Wrighton Glascoe

(a) RESIDENCE NO. 914 N. Caroline St. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 1 of yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	widowed

6 If married, widowed, or divorced
HUSBAND of ~~the wife of~~ Zeter Martha Glascoe

DATE OF BIRTH (month, day, and year) 1-20-1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer 157

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Stevens Glascoe

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Henrietta Thompson

13 BIRTHPLACE OF MOTHER (city or town) Cambridge (State or country) Md

Informant Mrs. Marie Bethies
(Address) 914 N. Caroline St.

Filed 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23-34

17

I HEREBY CERTIFY, That I attended deceased from 2-3, 1934, to 2-23, 1934

that I last saw h[illegible] alive on 2-22, 1934

and that death occurred, on the date stated above, at 1:15 p.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia (primary)

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Raymond Thorne M. D.

, 19 (Address) 1500 E. Madison St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Feb. 26, 1934

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 Schroeder St.

ACo. 5-31 2508

E 98733

HEALTH DEPARTMENT—CITY OF BALTIMORE

98733

CERTIFICATE OF DEATH

108

Registered No.....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Bertram ave St. 27-01 Ward)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Keeler Henry

(a) Residence: No. 6000 Bertram ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elverda G. Henry

6. DATE OF BIRTH (month, day, year) Aug 18 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R. Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) York Penna

13. NAME Eugene H. Henry

14. BIRTHPLACE (city or town) (State or country) Philadelphia Penna

15. MAIDEN NAME Bertha Keeler

16. BIRTHPLACE (city or town) (State or country) Frenchtown Penna

17. INFORMANT Eugene H. Henry Jr

(Address) Lancaster Pa

18. BURIAL, CREMATION, OR REMOVAL Lancaster Penna Date Feb 25 1934

19. UNDERTAKER Chas. S. Black

(Address) 742 Woodlawn ave

FILED 1934 ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/18, 1934, to 2/22, 1934

I last saw him alive on 2/22, 1934 death is said to have occurred on the date stated above, at 5 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/18/34
Other contributory causes of importance: Cardiac Dilitation	2/22/34

Name of operation ... Date of ...

What test confirmed diagnosis Clinical ... there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Elmer B. Wallace M. D.

(Address) 1031 St. Paul St.

D. B. 1268-9

E 98734

98734 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

X 169

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME LeRoy DeFord

(a) Residence: No. Flushing, L. I. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lulu DeFord

DATE OF BIRTH (month, day, year) April 21-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Residence Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jno C. Straus

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation 186

BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME James DeFord

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Elsie Gonss

16. BIRTHPLACE (city or town) (State or country) N. Y.

INFORMANT Mr. LeRoy DeFord
(Address) 141-26 Northern Blvd Flushing

BURIAL, CREMATION, OR REMOVAL
Place New York N.Y. Date Feb 26 1934

UNDERTAKER Wm. J. Tucker & Son
(Address) North & Caroline

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23-1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fell from window — Date of onset ...

Other contributory causes of importance:

Fractured Skull

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hotel Condo

Manner of injury Fell from window

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) 273 Cathedral

M. D. B. 1268-9 E 98735 Louise Watters E 98735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 119

1. PLACE OF DEATH

Registered No. 2-01

CITY OF BALTIMORE: (No. Union Memorial St., Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Louise Watters

(a) Residence: No. Edgewood Md. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 24 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Edgewood
(State or country)

PERSONAL PARTICULARS

13. NAME Paul H Watters

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Margaret Glen

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Hospital Record
(Address) Balto Md.

18. BURIAL, CREMATION, OR REMOVAL Edgewood Cem.
Place Edgewood Date Feb 26 1934

19. UNDERTAKER Funkhouser & Goose
(Address) Baltimore Md.

FEB 27 1934 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb - 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1934 to Feb 24 1934

I last saw her alive on Feb 24 1934. Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Malnutrition - Bronchopneumonia	2-21-34
Other contributory causes of importance: Terminal Pneumonia	?

Name of operation 0 Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. B. Seale M. D.

(Address) Union Memorial Hospital

M. D. B. 3208-A

E 98736

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98736

CERTIFICATE OF DEATH

117-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 20-61 Ward) 3

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Titus

(a) Residence: No. 2680 Dulaney Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Titus

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: meat cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leesburg Va.

13. NAME Thomas S. Titus

14. BIRTHPLACE (city or town) (State or country) do not Know

15. MAIDEN NAME Do not Know

16. BIRTHPLACE (city or town) (State or country) Do not Know

17. INFORMANT C. W. Buckley

(Address) 2680 Dulaney st

18. BURIAL, CREMATION, OR REMOVAL

Place Union Memorial Date Feb. 27, 1934

19. UNDERTAKER Joseph B. Cook

(Address) 1063 W. Balto St.

20. FILED FEB 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1934 to Feb 25, 1934

I last saw him alive on Feb 25, 1934. Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	2-23-34
Peritonitis	

Other contributary causes of importance:

Name of operation Excision of ulcer Date of 2-23-34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan Racusin M. D.

(Address) Franklin Square Hospital

E 98737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 133

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: Baltimore City Hospitals
CITY OF BALTIMORE: (No. Baltimore St., 6-01 Ward)
Length of residence in city or town where death occurred 36 yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dora Eisenstein

(a) Residence: No. 1802 E. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
(or) WIFE of Maurice Eisenstein

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Samuel Snyder

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Minnie

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT (Address) Records Balto City Hospitals

BURIAL, CREMATION, OR REMOVAL
Place Levindale Date Feb 25 1934

UNDERTAKER Sol Levinson & Bro
(Address) 1204 Balto St

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24- 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-10- 1933 to 2-24- 1934

I last saw her alive on 2-24 1934 Death is said to have occurred on the date stated above, at 12.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	6 Wks
Other contributory causes of importance:	
Pyelonephritis	2 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry Gedamin M. D.
(Address) 131 Balto City Hospital

M. D. B. 126 E 98738 E 98738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 5-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Asher

(a) Residence: No. 601 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Morris

7. DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Herwitz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Elida Snyder

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Elie Asher

(Address) 601 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date Feb 25, 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1121 E Balto St

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24 1934

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1934 to February 24, 1934

I last saw h[illegible] alive on February 24, 1934 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardiac hypertrophy and dilatation Cardiac insufficiency	

Other contributory causes of importance:

Bronchopneumonia, type undetermined
Diabetes Mellitus

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so specify _____

(Signed) L. Katzenstein, M. D.

(Address) Sinai Hospital

E 98739

M. D. B. 1268-9

E 98739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 Walpert Ave Ward 9-01)

Length of residence in city or town where death occurred 1 yr mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elenora Hoppell

(a) Residence: No. 635 Walpert Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of George Hoppell

DATE OF BIRTH (month, day, year) About 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	87			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME John Torrington

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Elizabeth Tull

16. BIRTHPLACE (city or town) Delaware
(State or country)

17. INFORMANT Mrs Lizzie Abbott
(Address) 635 W Walpert Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 26th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 E Pleasant St

FILED Feb 25 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21st 1934 to Feb 23rd 1934

I last saw her alive on Feb 23rd 1934. Death is said to have occurred on the date stated above, at 6 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ileus	2/20/34

Other contributory causes of importance:

Intestinal Paresis	?

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. W. Harrington M. D.

(Address) 401 E 25th St

D. B. 1268-9 E 98740 E 98740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 5-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Emma C Conway

(a) Residence: No. 1109 Orleans St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Conway

DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

12. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Mack

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Francis Conway

(Address) 608 Springfield Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 26 1934

UNDERTAKER Wm Bok

(Address) 1217 E Pratt St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Pneumonia	

Other contributory causes of importance: Accidental Fracture of L Femur

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 2/12, 1934

Where did injury occur? Home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 1109 Orleans St

Manner of injury Accidental Slipped on floor

Nature of injury Fracture of L Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D P Stevens MD M. D.
Coroner

(Address) 130 N Paca St

E 98741

M. D. B. 12-1-30 E 98741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 Beaumont Ave Ward) 27th Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm H. Van Horn

(a) Residence: No. 803 Beaumont Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ BUSBAND of ~~late Wife of~~ Mary B. Van Horn

7. DATE OF BIRTH (month, day, year) Nov 23rd 1866

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice President C. M. Kemp Mfg Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Appliances

10. Date deceased last worked at this occupation (month and year) Dec 1900

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Wm H. Van Horn Sr

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Sarah Sands

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary B. Van Horn

(Address) 803 Beaumont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 26th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23d, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Feb 23d 1934

I last saw him alive on Feb 23 1934. Death is said to have occurred on the date stated above, at 1130 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 32

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? Med Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) W H Peavey M. D.

(Address) 2105 Eutaw St

M. D. B. Ltes-E 98742

E 98742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2536 E. Oliver St. St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Winkler

(a) Residence: No. 2536 E. Oliver St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of Adam Winkler

6. DATE OF BIRTH (month, day, year) April 22, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME Rohe

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Susie Dieter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Winkler

(Address) 3720 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Josephs Cem. Date Feb. 26 1934

19. UNDERTAKER Frederick Lassahn

(Address) 7401 Belair Road.

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1933 to Feby 23, 1934

I last saw her alive on Feby 21, 1934 Death is said to have occurred on the date stated above, at 4:15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Feby 19 1934
Other contributory causes of importance Arterio-Sclerosis	a number 7 years

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd Hamilton Baltimore Md

M. D. B. 1934 E 98743 Jenkins E 98743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Lyndhurst Ave St. 15-01 Ward)

Length of residence in city or town where death occurred 83 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Elizabeth Ann Jenkins

(a) Residence: No. 2202 Lyndhurst Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Jenkins

6. DATE OF BIRTH (month, day, year) Sept 18 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry Bright

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT George F. Jenkins

(Address) 2202 Lyndhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Wagothy Cemetery Date Feb. 25 19 34

19. UNDERTAKER John F. Denny

(Address) 713 Light St.

FILED FEB 25 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18/34 19..., to Feb. 22/34 19...

I last saw h[illegible] alive on Feb 22, 1934 Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia — Date of onset Feb. 18/34

Other contributory causes of importance:

Broncho-pneumonia — Feb 18/34

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

19... specify

(Signed) Walter Dublett M. D.

(Address) 2220 Harrison Ave

E 98744

M. D. Bureau

E 98744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2312 E. Eager St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances DeBaufre

(a) Residence: No. 2312 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James M. DeBaufre

7. DATE OF BIRTH (month, day, year) Dec. 24 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frank Ridel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James M. DeBaufre

(Address) 2312 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Feb 26 1934

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED ... 19... Registrar.

Feb 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-11- 1934 to 2-22 1934

I last saw h... alive on 2-22-34 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2-J-34

Other contributory causes of importance:

Chronic Hypertonditis	Unknown
Arteriosclerosis	"

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Lawrence H. Zeno M. D.

(Address) 1009 Annapolis Blvd

D. B. 1268-9

E 98745

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98745

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Covington St. 24-A Ward)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Ellsworth McClintock

(a) Residence: No. 1733 Covington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie H. McClintock

DATE OF BIRTH (month, day, year): Jan. 27, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	25 26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wholesale Lumber Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Harrisburg, Pa.

13. NAME: Alexander McClintock

14. BIRTHPLACE (city or town) (State or country): Harrisburg, Pa.

15. MAIDEN NAME: Harriett Bortell

16. BIRTHPLACE (city or town) (State or country): Pa.

INFORMANT: Mrs. Annie H. McClintock

(Address): 1733 Covington St.

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Date: Feb. 26, 19 34

UNDERTAKER: John J. Hagerty

(Address): 715 Light St.

FILED Feb. 26, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9th 1934 to Feb. 22 1934

I last saw h[illegible] alive on Feb. 20, 1934 Death is said to have occurred on the date stated above, at P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2-9-34
I.	
II.	

Other contributory causes of importance:

Arterio-Sclerosis	1930
Senile Debility	1933

Name of operation: None Date of: No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 6 Mansfield St.

D. B. 1245-9

E 98746

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98746

CERTIFICATE OF DEATH

82-001

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 N. Bentalou St., 15 Ward)

Length of residence in city or town where death occurred 75 yrs. 6 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Wimmel

(a) Residence: No. 1105 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) August 1, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	2 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs. Anna Baling

(Address) 1105 N. Bentalou

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Feb. 26, 19 34

UNDERTAKER John F. Heyney

(Address) 715 Light St.

FILED . . 19 . . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1934 to Feb. 23 1934

I last saw him alive on Feb. 23 1934 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-23-34

Other contributory causes of importance:

Arterio Sclerosis	Several
Cardiac Decompensation	years.

Name of operation Date of

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Solomon Sherman, M. D.

(Address) 1814 Eastern Place, Baltimore, Md.

M. D. B. 1268-9 E 98747

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98747

95-102

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13-21 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 13 yrs. ..... mos. ..... ds.

2. FULL NAME Max Benjamin

(a) Residence: No. 2215 Green St. St., 22/5 Green Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Golda

6b. DATE OF BIRTH (month, day, year) 1860

7. AGE: Years 74 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Dress Cut~~ Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 090

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Esta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Forairs Date 2/20/34 19

19. UNDERTAKER Jos. L. Levin Inc.

(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24/34 19

22. I HEREBY CERTIFY, That I attended deceased from 2/20/34 to 2/24/34 19

I last saw him alive on 2/24/34 Death is said to have occurred on the date stated above, at 4:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	7
Pulmonary edema	

Other contributory causes of importance:

Arteriosclerosis
Cardiac Hyper + Dilat.
Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. Hahgmeier M. D.

(Address) Sinai Hosp

M. D. B. E 98748

Dr. Lemmon E 98748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3516 Holmes Ave St. 13-21 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? 24 yrs. mos. ds.

2. FULL NAME Herman Harpa

(a) Residence: No. 3516 Holmes Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Israel

7. DATE OF BIRTH (month, day, year)

8. AGE: Years 50; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 627

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

13. NAME of father: Joseph Goldman

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME of mother: Sarah

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Mrs. Harpa (Address) 323 Garrett St.

18. BURIAL, CREMATION, OR REMOVAL: Place Hebrew Rondale Date 2/25/34

19. UNDERTAKER: Ish Levin (Address) 1426 E. Baltimore St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1933 to Feb. 24 1934.

I last saw her alive on Feb. 24, 1934 Death is said to have occurred on the date stated above, at 9 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vas. Renal Disease	2 yrs ago
Diabetes Mellitus	Discovered 3 mo. ago
Other contributory causes of importance: Coronary Thrombosis	Feb. 22 1934

Name of operation None Date of

What test confirmed diagnosis? Blood test in Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Swoyer M. D.

(Address) 2340 Eutaw Place

E 98749

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98749

59

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4148 Pimlico St. 15-01 Ward)

Length of residence in city or town where death occurred 29 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Emma Landsman

(a) Residence: No. 4148 Pimlico St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac Landsman

DATE OF BIRTH (month, day, year) — 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Kovno Russia

13. NAME Liebeman Margaret

14. BIRTHPLACE (city or town) (State or country) Kovno Russia

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Kovno Russia

INFORMANT Mrs. Fairfinkle
(Address) 517 S. Paca St.

BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 2/26/34 19

UNDERTAKER Funk Sons & Co.
(Address) 1439 E. Balto St.

FILED ... 19 ... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1934, to 2/24, 1934

I last saw h... alive on 2/23 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage. 2/22/34 Onset

Date of onset

Other contributory causes of importance:
arteriosclerosis
Myocarditis - Chronic
nephritis - Diabetes Mellitus

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Strauss, M. D.

(Address) 1224 W. Lee

D. H. 1204

E 98750

E 98750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3813 Norfolk Ave. St. 14-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Rose Melnicove

(a) Residence: No. 1538 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Joseph Melnicove

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Pincus Pressman

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Rose Pressman

16. BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT Mrs. Meyer Melnicove

(Address) 2221 Brookfield Ave.

BURIAL, CREMATION, OR REMOVAL Andrew Washington Cem Date 2/25/34 19

UNDERTAKER Jack Lewis Inc

(Address) 1432 E Baltimore St

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1934 to February 23, 1934

I last saw h alive on February 23, 1934 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	Feb 16 '34
Other contributory causes of importance:	
Diabetes	1932

Name of operation —— Date of

What test confirmed diagnosis? —— Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. E. Nesbit M. D.

(Address) 2347 West North Ave.

M. D. B. 126-30 E 98751 Whitehouse E 98751

HEALTH DEPARTMENT—CITY OF BALTIMORE

V. 82-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Forest Park Ave., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Michael L. Blum

(a) Residence: No. 3408 Forest Pk. Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Minnie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 645

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Minnie Blum

(Address) 3408 Forest Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Forum Date 2/25/34 19

19. UNDERTAKER Jack Levin

(Address) 1439 E. Baltimore St

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to Feb 23 1934

I last saw h.. alive on Feb 22 1934 Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	Jan 1931
Arterial Sclerosis	Jan 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Whitehouse, M. D.

(Address) 810 Eutaw Pl.

M. D. B. 2568-0 E 98752 E 98752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lonsdale

CITY OF BALTIMORE: (No. ..... St. 27-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Sonnerman

(a) Residence: No. Belvedere & Freemason Sts., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Caucasian	Widow

6a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Late Rosa

6. DATE OF BIRTH (month, day, year) 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 645

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jacob Sonnerman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Hartlief Supt.
(Address) Lehua Home Cem. Balto. Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Lehua Mt. Carmel Date Feb 25 1934

19. UNDERTAKER J. Lennon Bro.
(Address) 127 E. Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1933 to Feb 25, 1934

I last saw h[im] alive on Feb 25, 1934 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Arteriosclerosis

Hypostatic pneumonia

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Emanuel Lewis, M. D.

(Address) Lonsdale

D. B 1268-9

E 98753

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98753

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 E. Eager St., 10-61 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Ruppel (Ruppel)

(a) Residence: No. 1106 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick J. Ruppel

7. DATE OF BIRTH (month, day, year) March 8/1864

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	15	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Francis J Schandelle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Thersa Ballhorn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Husband
(Address) 1106 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemy Date Feb 26 1934

19. UNDERTAKER Henry Strech Sons Inc
(Address) 1301 E Eager St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 8.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Failure	

Other contributory causes of importance:

History of Asthma	yrs ?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. E 98754 ✓ E 98754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Jayne Ave St., 20-01 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gladys R. Mayhew

(a) Residence: No. 503 Jayne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 4 1902

7. AGE: Years 32 | Months | Days 30 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Johnstown Pa.

13. NAME: Edward Mayhew

14. BIRTHPLACE (city or town) (State or country): Pa.

15. MAIDEN NAME: Annie Pfaff.

16. BIRTHPLACE (city, or town) (State or country): Pa.

17. INFORMANT: Mrs. Edward L. Mayhew

(Address) 503 Jayne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Johnstown Pa. Date: Feb 26 1934

19. UNDERTAKER: Henry Strech Sons Inc

(Address) 1301 E Fayette St

20. FILED Feb 27 1934 Thos. H. Kennedy M.D. Registrar.

B 2 1934 Pfaff

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1933 to Feb 24 1934

Last saw h[illegible] alive on Feb. 24 1934 Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous nephritis	
Other contributory causes of importance: uremic recession of urine	

Name of operation — Date of —

What test confirmed diagnosis? Hosp T. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify home

(Signed) Thomas S. Bonner M. D.

(Address) 3632 Frederick Ave

E 98755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98755

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (Th.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Carl A. Cresta

(a) Residence: No. 3529 Gough st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Antonietta

DATE OF BIRTH (month, day, year) Feb. 23, 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Morgue keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Morgue 86

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Carmen Cresta

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 26, 1934

19. UNDERTAKER Wendell J. Dupper
(Address) 300 S. Eaton st.

20. FILED Feb 26 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 19, 1934 to February 22, 1934

I last saw him alive on February 22, 1934. Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1933
Other contributory causes of importance:	
Tuberculous meningitis	3 wks.

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

E 98756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98756

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2062 Kennedy Ave St., 9-c Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Claus

(a) Residence: No. 2202 Cecil Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced WIFE of HUSBAND of Frederick C.Claus

DATE OF BIRTH (month, day, year) April 13, 1854

AGE Years	Months	Days	If LESS than 1 day old
79	10	8	... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Christian "ollering

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophia Hoffstead

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Frank Haskell

(Address) 2202 Cecil Ave.

BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date Feb 26, 1934

UNDERTAKER Geo. J. Ruth Inc. Mary T. Ruth

(Address) 1735 Harford Ave

FILED FEB 26 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2 at 1933 to Feb 22 1934

I last saw her alive on February 22 1934 Death is said to have occurred on the date stated above, at 12-5 p.m.

The principal cause of death and related causes of importance were as follows:

Uraemia Chronic Nephritis Date of onset indefinite

Other contributory causes of importance: Valvular disease, heart.

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Benj. J. Hayden M. D.

(Address) 216 N. Caroline St.

M. D. B. No. E 98757 ✓ E 98757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 11-61 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Buckley

(a) Residence: No. 339 Dolphin St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) April 20, 1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Panama

13. NAME Marshal Buckley

14. BIRTHPLACE (city or town) (State or country) Jamaica

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2-26-34

Dent Funeral Home

19. UNDERTAKER 916 Pine

(Address)

FILED FEB 26 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934 to Feb 22, 1934

I last saw h[illegible] alive on Feb 22, 1934 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Magee, M. D.

(Address) Balt City Hosp

M. D. B. 1208-B

Martin ✓

E 98758

E 98758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 18-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Caroline St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua Martin

(a) Residence: No. 419 N Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ida Martin
(Address) 419 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/26, 19 34

19. UNDERTAKER David Curlett
(Address) 716 Park Ave

20. FILED 2-26, 19 34 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1934 to Feb 23, 1934

I last saw h[illegible] alive on Feb 23, 1934 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 20 34

Other contributory causes of importance:

Hypertension	1933

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

D. B. 126

E 98759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98759

Registered No. 183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 10, Canton St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Reginald Vetcher

(a) Residence: No. SS City of Havre St., ... Ward. 6

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship's Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Mail SS Co

10. Date deceased last worked at this occupation (month and year) February 1934

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Southampton England

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mr. Frederick T. DeCock

(Address) 340 N. Charles St.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Feb. 26, 1934

UNDERTAKER Frederick T. DeCock

(Address) 1003 N. Baltimore St.

FILED FEB 26 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Probable accidental Drowning

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury Feb 17, 1934

Where did injury occur? Pier 10 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell overboard

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) H. Norgard, M. D.

(Address) 1305 N. Patterson Park Ave. Coroner

M. D. B. 1268-9

E 98760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 1501 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 7 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick Brendan Redding

(a) Residence: No. Elizabethan Apts. St., Garrison & Baltimore Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Rose Redding

7. DATE OF BIRTH (month, day, year) July 5 1905

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hy C Fehr Co

10. Date decedent last worked at this occupation (month and year) June 1930

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Michael J Redding

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Shepherd

16. BIRTHPLACE (city or town) (State or country) Albany N Y

17. INFORMANT Emmett Redding
(Address) 2611 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 26 1934

19. UNDERTAKER J J Dickey & Sons
(Address) 1 E Fayette St

20. FILED FEB 26 1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24/1934

22. I HEREBY CERTIFY, That I attended deceased from 2/22/1934 to 2/24/1934

I last saw him alive on 2/24/1934 Death is said to have occurred on the date stated above, at 5:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Advanced Tuberculosis of left Lung	1933 ?
Other contributory causes of importance:	
Complications of Tuberculosis	?
Chronic Nephritis	

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. O. Bowman M. D.

(Address) University Hosp.

M. D. B. E 98761

E 98761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Lewis & Apts 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Egerton Road 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Maynard Bankert

(a) Residence: No. 3800 Egerton Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced. HUSBAND of (or) WIFE of Ephraim Bankert

7. DATE OF BIRTH (month, day, year) June 13 1848

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	85	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

13. NAME Joseph Moritz

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary M Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Ann Bankert

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date May 16, 1934

19. UNDERTAKER Wm J Justice & Sons

(Address) Norbeck

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24/34, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1933, to Feb 24th, 1934

I last saw h... alive on Feb 24th, 1934 Death is said to have occurred on the date stated above, at 1.40 P.M.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis of senility with Terminal Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M P Beasley M. D.

(Address) 3045 Wyndhurst

D. B. Dist. No. E 38762 ✓ E 38762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 556 Orchard St. 17th Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Solomon Bond

(a) Residence: No. 556 Orchard St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 670

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Mrs. Bond

13. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary J. Valentine

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Balsom

(Address) 556 Orchard

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 2/26 1934

UNDERTAKER Samuel F. Hensley

(Address) 578 W. Biddle St.

FILED 2/26 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1934 to Feb. 22 1934

I last saw him alive on Feb. 22 1934 Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
	1

Other contributory causes of importance:

Arteio-sclerosis

Name of operation ....Date of....

What test confirmed diagnosis? ....Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ....19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) Dr. W. J. Shelley

(Address) 1200 Druid Hill Ave

M. D. B. 268-9 ~~E~~ 98763 ✓ E 98763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Union Memorial Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md. Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Peter Arnulis Ten Hills.

(a) Residence: No. 5113 Beech Green Rd. City.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married.

6a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary E. Weisel

7. DATE OF BIRTH (month, day, year) June 03 1867

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 01

12. BIRTHPLACE (city or town) Dunnsville
(State or country) Virginia.

MOTHER FATHER

13. NAME Peter Arnulis (?)

14. BIRTHPLACE (city or town)
(State or country) Virginia

15. MAIDEN NAME Rebecca Seiger

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Mrs. George W. Stockdale

(Address) 2524 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemy Date Feb. 26, 1934

19. UNDERTAKER John O. Mitchell & Son Inc.

(Address) 1900 Eutaw Place

20. FILED FEB 26 1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1934, to Feb 23rd, 1934.

I last saw him alive on Feb 23rd, 1934. Death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Hematuria~~ Carcinoma of sigmoid & metastases	?

Other contributory causes of importance:

~~Carcinoma of sigmoid & metastases~~ Post op. peritonitis	2-20-34
Arteriosclerotic heart disease	?

Name of operation Resection of sigmoid Date of 2-20-34

What test confirmed diagnosis? X Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) F. E. Kodan, M. D.

(Address) Union Memorial Hospital

D. H 1268-9

E 98764

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98764

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Robb Glen ave., 20-01 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Hazel Longley

(a) Residence: No. 401 Loudon ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Wht	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry R. Longley

DATE OF BIRTH (month, day, year) March 11 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME OF FATHER John Lewis Burnsteen

14. BIRTHPLACE (city or town) (State or country) Frederick Md

15. MAIDEN NAME OF MOTHER Alice Grumbine

16. BIRTHPLACE (city or town) (State or country) Frederick Md

INFORMANT Mary Burnsteen

(Address) 402 Loudon ave

BURIAL, CREMATION, OR REMOVAL

Place Mount Ridge Date 2/26/34

UNDERTAKER Harry E. Whyte

(Address) 412 Edmondson Ave

FILED 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at 3.35 P. m.

The principal cause of death and related causes of importance were as follows:

Death due to bullet wound through head + brain; self inflicted with suicidal intent

Date of onset: Feby 23-34

Other contributory causes of importance:

Name of operation Inquiry Date of operation Feb 23-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Feb 23, 1934

Where did injury occur? 412 Robb Glen ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home of Decedent

Manner of injury Bullet wound in head. Suicide

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Joseph L. Valentine D M. D.

(Address) 16 So Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. E 38765

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Armour

(a) Residence: No. 1212 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Armour

6. DATE OF BIRTH (month, day, year) April 24 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 150

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia

13. NAME William Armour

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ? Adams

16. BIRTHPLACE (city or town) (State or country) Philadelphia

17. INFORMANT Friends
(Address) Balt City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 2/20/37 19

19. UNDERTAKER Mc Comb & Son
(Address) 13 [illegible]

[illegible] 19 [illegible] Registrar

REGISTERED MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1937 to Feb 17, 1937
I last saw he alive on Feb 17, 1937 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, right tubo ovulation & pelvic peritoneal & glands	10 Days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) Balt City Hosp

Spec—12-21-31—B.B.R.Co.—100 Blks.

E 98766

E 98766

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1371 N. Gilmor St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Johnson

(a) Residence No. 1371 N. Gilmor St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Unknown

7-AGE: 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laundress

(b) General nature of Industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country): Eastern Shore, Md.

10-NAME OF FATHER: Henry Johnson

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Eastern Shore, Md.

12-MAIDEN NAME OF MOTHER: Henrietta Hopkins

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Eastern Shore Md.

14-(Informant): Octavia Warner

(Address): 1371 N. Gilmor St.

15-

(Registrar.)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 22, 1934.

17- I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1934, to Feb. 21, 1934, that I last saw h[illegible] alive on Feb. 21, 1934, and that death occurred, on the date stated above, at 12 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? "

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

2/22, 1934 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 2/26, 1934

20-UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Presstman St

AACo. 5-31 250B

V. E 98767

E 9876 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Riggs Ave 16-01 St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Samuel Watson

(a) Residence: No. 1710 Riggs Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Myrtle Watson

DATE OF BIRTH (month, day, year) 1892 (?)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 41		—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
10. Date deceased last worked at this occupation (month and year) (Jan)
11. Total time (years) spent in this occupation Yrs

BIRTHPLACE (city or town) (State or country) Md

13. NAME Joseph Watson

14. BIRTHPLACE (city or town) (State or country) Md Md

15. MAIDEN NAME Caroline Kelly

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs. Myrtle Watson

(Address) 1710 Riggs Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cemetery Date 2/26 1934

UNDERTAKER Thomas E. Kelson

(Address) 1303 Presbury St.

FILED 29 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20th, 1934 to Feb 23rd, 1934

I last saw him alive on Feb. 23rd 1934, death is said to have occurred on the date stated above, at 12:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Lobar Pneumonia	2/20/34
Other contributory causes of importance:	
b Dilat. of R Heart	2/22/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. E. Diehl, M.D.

(Address) 713 N. Eutaw St.

M. D. B. 1268-0

E 98768 ✓ E 98768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 15-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bertha Johnson Crump

(a) Residence: No. 1414 Druid Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elias Crump

6. DATE OF BIRTH (month, day, year) Feb 15, 1888?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46 ?		7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkton Cecil Co Md

13. NAME John Harris

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Caroline Fuller

16. BIRTHPLACE (city or town) (State or country) Elkton Cecil Co Md

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Baltimore

Place Mt Auburn Date 2/26 19 34

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Pressman st.

20. FILED 1934 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22 1934

22. I HEREBY CERTIFY, That I attended deceased from August 19 1933 to Feb 22 1934

I last saw her alive on Feb 22 1934 Death is said to have occurred on the date stated above, at 5-35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	3 mo
Central Hemorrhage, R C hemiplegia, L side	6 mo

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) T. Mogul M. D.

(Address) Balt City Hosp

Dec.—1-30—M. & T.—250 Bks

E 98769

✓ E 98769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1155 Whatcoat ST., 16-01 WARD)

2-FULL NAME Mazie Jones Caulk

(a) RESIDENCE NO. 1155 Whatcoat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND) of
or) WIFE of Walter Caulk

DATE OF BIRTH (month, day, and year) Sept 26 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40		4	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 039

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Baltimore md.

10 NAME OF FATHER Alexander Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Easton Md

12 MAIDEN NAME OF MOTHER Mary Jennifer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hampton Md.

Informant Mary Jones

(Address) 1149 Whatcoat St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/23/34

17

I HEREBY CERTIFY, That I attended deceased from 12-22, 1933, to 2-23, 1934,

that I last saw her alive on 2-23, 1934,

and that death occurred, on the date stated above, at 12:35 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary) Endocarditis, Hypertension Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal examination

(Signed) Frank [illegible], M. D.

2-23 19 34 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 2/27 1934

20 UNDERTAKER Thomas E. Kelson

ADDRESS 139 Presstman St

D. B. 1268-9

E 98770

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98770

CERTIFICATE OF DEATH

95.002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 W Mulberry St., 17-01 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Essie Millet

(a) Residence: No. 622 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Calvin Hankins

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Ellis

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Reuis Douglas

(Address) 622 W Mulberry St

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 2/26/38

UNDERTAKER Eby & Wilson

(Address) Lexington

FEB 26

(Filed) ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 22 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 3834 Eastern Ave

E 98771

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98771

CERTIFICATE OF DEATH

107-001

Registered No. 23-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 S. Sharp St. St., 23 Ward)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME David Dozier. (C)

(a) Residence: No. 1107 S. Sharp St. St., ... Ward. V

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) August 20, 1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME David Dozier. (C)

14. BIRTHPLACE (city or town) (State or country) South Carolina.

15. ~~MAIDEN~~ NAME Emma Edens. (C)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Emma Edens. (C) mother.

(Address) 1107 S. Sharp St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Ch Date 2/27/34

UNDERTAKER Isaiah L Brown & Son

(Address) 101 W Montgomery St

FILED ... 19 ... Registrar.

FEB 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia.	
unknown.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M Reinhardt, M. D. Coroner

2/28/34 (Address) 1017 E. Charles St.

Spec. E 98772 12-23-20 M.S. 100 Bks. Bevans ✓ E 98772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH — Registered No. .....

City of BALTIMORE: (No. 1012 Pine Alley St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Minnie Brown

(a) Residence No. 1012 Pine Alley St., Ward 23
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. female

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of widowed

6-DATE OF BIRTH (month, day and year) 2/23/1873

7-AGE. 61 yrs. mos. ds.

If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. house wife

(b) General nature of industry, business, or establishment in which employed (or employer). 037

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Va

PARENTS

10-NAME OF FATHER. Crockett

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Va

12-MAIDEN NAME OF MOTHER. Downing

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). unknown

14-

(Informant). India Jackson

(Address) 141 N Pennella St

15-

Filed ..... 193.. Registrar.

FEB 26 1934

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Feb 23/1934

17- I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934, to Feb 23, 1934, that I last saw her alive on Feb 23, 1934, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Arrhythmia

(Duration) yrs. mos. 8 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Characteristic symptoms

(Signed) C. L. Hamilton, M. D.

Feb 24, 1934 (Address) 1128 Mass Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Ct	2/26/1934

20-UNDERTAKER. Isaiah L Brown & Son

ADDRESS 1054 W Monument

E 98773

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98773

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Church Home and Infirmary — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 13-01 Ward)

Length of residence in city or town where death occurred 77 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mr. Frank La Burroughs.

(a) Residence: No. 1214 W. North Ave., St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora Burroughs

DATE OF BIRTH (month, day, year) Oct. 6, 1856

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	77	4	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist 001

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commercial

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

8. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

13. NAME Henry A. Burroughs

14. BIRTHPLACE (city or town) (State or country) ~~Lynchburg~~ ~~Va.~~ D. C.

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

17. INFORMANT W. Dwight Burroughs

(Address) 1214 Eutaw Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 27, 1934

19. UNDERTAKER Peter J. Tyler

(Address) 2206 Linwood Ave

20. FILED Feb 26 1934, 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1934 to Feb. 25, 1934

I last saw him alive on Feb 25, 1934. Death is said to have occurred on the date stated above, at 7:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	?
Metastases to liver	

Other contributory causes of importance:

Name of operation Exploratory laparotomy Cholecystostomy Date of 1-25-34

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) Russell Fuller, M. D.

(Address) Church Home Inf.

M. D. B 1268-4

98774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98774

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 4-01 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mazelle Oglesby

(a) Residence: No. 2611 Boone St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Willis Saunders

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Estar Oglesby

(Address) 2612 Booth Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Pt. Lookout Cemetery Date Feb 26th, 1934

19. UNDERTAKER Frederick C. Gladden

(Address) 2101 W. Lanvale St.

Filed Feb 26 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24 1934

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1934 to February 24, 1934.

I last saw her alive on February 24, 1934 Death is said to have occurred on the date stated above, at 1:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia - rt	
2. Empyema - rt	
3. Septicaemia	
4. Bacterial endocarditis	
Other contributory causes of importance:	

Name of operation Thoracotomy Date of 2-12-34

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

FEB 26 1934

H. D. B. 1268-9

Waples ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

98775

CERTIFICATE OF DEATH

82-001 E 98775

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Fremont Ave St. 17-91 Ward)

Length of residence in city or town where death occurred 74 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Waples

(a) Residence: No. Southern Home Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3. If married, widowed, or divorced WIFE of (or) HUSBAND of Joseph Waples

DATE OF BIRTH (month, day, year) Jany 25 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edna Conrad

(Address) 2032 N Washington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Brelands Md. Date Feby 28 1934

19. UNDERTAKER Harry N Amendolton

(Address) 420 Ridgewood Ave

FILED 3 26 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25 1934

22. I HEREBY CERTIFY, That I attended deceased from November 11 1933 to February 24 1934

I last saw her alive on February 24 1934 Death is said to have occurred on the date stated above, at 11:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of left side	11/11/33
Hemorrhage of the brain	
Other contributory causes of importance:	
General debility	

Name of operation XXX Date of XXX

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edwin B. Fenby, M. D.

(Address) 3502 Fremont Avenue

E 98776

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98776

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Roche, Sarah.

(a) Residence: No. 2230 Kentucky Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Nov 11 - 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 668

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME William Roche England

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah Eaton Ireland

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Jere Roche

(Address) 2230 Kentucky Ave

BURIAL, CREMATION, OR REMOVAL

Place New Bath Date Feb 27, 1934

UNDERTAKER J. Stemmler & Son

(Address) 1312 Light St.

FILED FEB 26 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1934 to Feb. 23, 1934

I last saw her alive on Feb 23, 1934 Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	
Uremia	2/20/37
Myocardial failure	2/20/37

Other contributory causes of importance:

Name of operation Resection of bowel Date of 2/17/37

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lloyd H. Jordan, M. D.

(Address) Church Home & Infirmary

M. D. B. 1938-9 E 98777 E 98777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 23-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Laura Gibson

(a) Residence: No. 121 Winter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) March 1, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Lucius Williams

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Anna Sherman

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) East City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Jefferson Med College Date Feb 24 . 1934

19. UNDERTAKER
(Address)

20. FILED 2-24-1934 [illegible] Registrar

0147

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 14 . 1929 to Feb 22 . 1934

I last saw her alive on Feb 22 . 1934 Death is said to have occurred on the date stated above, at 2 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?
Myocardial Insufficiency	4 yrs
Other contributory causes of importance:	
Senility	4 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible] M. D.

(Address) East City Hosp.

M. D. B. 1208-A E 98778 / E 98778

HEALTH DEPARTMENT—CITY OF BALTIMORE

279136 XV 48

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-E Ward)

Length of residence in city or town where death occurred ... yrs. 3 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor Noble

(a) Residence: No. 708 Lafayette apts St., ... Ward. Bloomington Ill
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-5-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	53	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La

MOTHER FATHER

13. NAME James Goodman

14. BIRTHPLACE (city or town) (State or country) N Y

15. MAIDEN NAME Frances Thornhill

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Bloomington Ill Date Feby 26. 1934

19. UNDERTAKER Edward O. Mitchell & Son
(Address) 1911 Eutaw Place

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20. 1933. to Feb 25. 1934
I last saw her alive on Feb 25. 1934. Death is said to have occurred on the date stated above, at 6.05 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix with Metastases to all pelvic organs.	1928?
Other contributory causes of importance: Occlusion of ureters - Uremia	

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. H. Brannum Jr. M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1269 E 98779 E 98779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 13-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mamie White

(a) Residence: No. 2506 Druid Hill Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced (or WIFE of) James White

6. DATE OF BIRTH (month, day, year) October 7, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Jan. 1934

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Davis

14. BIRTHPLACE (city or town) (State or country) Blubury Va

15. MAIDEN NAME Eliza Selby

16. BIRTHPLACE (city or town) (State or country) Caslon Shore Maryland

17. INFORMANT Helen Brown

(Address) 2506 Druid Hill ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Feb 25, 1934

19. UNDERTAKER Joseph A Langley

(Address) 409 N. Mount Street

FILED Feb 25 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1934, to Feb 23, 1934

I last saw he alive on Feb. 23, 1934. Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable pneumonia, post partum	2-20-34
infection,	
probable acute yellow atrophy	2-21-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Edward Selby, M. D.

(Address) Mount Hope

AaCo. 5-31 250B

98780

E 98780

HEALTH DEPARTMENT—CITY OF BALTIMORE

51

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3702 Ferndale ave St. 24th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 11 mos. 27 ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Jacob Dier Wells

(a) Residence: No. 3702 Ferndale ave. St., 24th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Hall

7. DATE OF BIRTH (month, day, year) Feb 28 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookkeeper

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry S Wells

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Margaret C Dier

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James W B Barber

(Address) 3702 Ferndale ave

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Feb 27, 1934

19. UNDERTAKER J W Jenkins & Co

(Address) E. Lan. Ave & Collington St

20. FILED ... Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-10-, 1934, to 2-24-, 1934

I last saw him alive on 2-24-, 1934, death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate Gland	
Other contributory causes of importance: Arteriosclerosis Hypertrophy	

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify, ...

(Signed) Laurence Carroll M. D.

(Address) 325 Liberty Heights Ave

D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8781

V163

CERTIFICATE OF DEATH

Registered No. 8781

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank E. Poffel

(a) Residence: No. 5608 Greenhill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes-[illegible]k POFFEL

DATE OF BIRTH (month, day, year) August 18/1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	15	5-

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 042

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Poffel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ida Kendzieyerska

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Agnes Poffel (Wife)

(Address) 5608 Greenhill Ave

BURIAL, CREMATION, OR REMOVAL Date 2/27 . 34

Place St Stanislaus

UNDERTAKER Jos Kida

(Address) 1511 Hudson St

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at before 9 P.M.

The principal cause of death and related causes of importance were as follows:

Carbolic Poisoning — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in, also the following: Accident, suicide, or homicide? Suicide Date of injury 2/23/34

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in his office- 1714 Eastern Ave

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [signature] M. D.

(Address) 508 E Fayette

M. D. B. 1368-9

E 98782

8782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 16-44

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hogan

(a) Residence: No. 2206 Belmont Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Joseph Hogan

6. DATE OF BIRTH (month, day, year): January 8, 1905

7. AGE — Years: 29 | Months: 1 | Days: 16 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Wm O. Spanklin

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Eliz. McCauley

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Record

(Address): Balt. City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place: Morelynd Ph. Date: Feb 27 1934

19. UNDERTAKER: John C. Miller

(Address): 2435 E. Eager St.

1934 Feb 27 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 24. 1934

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1934 to February 24, 1934

I last saw her alive on February 24, 1934. Death is said to have occurred on the date stated above, at 3.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2 wks
Empyema, pneumococcus	6 wks
Septicemia	6 wks
Endocarditis, pneumococcus	1 mo
Meningitis, pneumococcus	3 days

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Nagel M. D.

(Address) Balt City Hospitals

H. D. B. 1268-9

98783 E 98783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121V

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs Anna Kulski

(a) Residence: No. 3214 Evergreen Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of James Kulski

DATE OF BIRTH (month, day, year) July 7, 1909

AGE	Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
	25	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 2.15.34

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wallace Clayton

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary White

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mercy Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Cem Date Feb 27 19 34

19. UNDERTAKER John M Welby
(Address) 401 E Chester St

20. FILED 2 24 19 34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.23.34 , 19

22. I HEREBY CERTIFY, That I attended deceased from 2.15.34 , 19 to 2.23.34 , 19

I last saw h.. alive on 2.23.34 , 19 Death is said to have occurred on the date stated above, at 2.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	2.15.34
Peritonitis	2.15.34

Other contributory causes of importance:

Name of operation Appendectomy Date of 2.16.34

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph V. [illegible] M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 98784

HEALTH DEPARTMENT—CITY OF BALTIMORE

98781

CERTIFICATE OF DEATH

V 124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eva Gowallis or Gowllis

(a) Residence: No. 1427 W. Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alphonsus Gowallis

6. DATE OF BIRTH (month, day, year): Unknown - 1889

7. AGE: Years: 45; Months: —; Days: —; If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country): Lithuania

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Lithuania

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Alphonsus Gowallis

(Address) 1427 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 27 1934

19. UNDERTAKER: John Grabiauskas

(Address) 423 S. Paca St.

20. Filed [illegible] 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1934 to 2-23, 1934

I last saw h[illegible] alive on 2-23, 1934 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver.	Nov '33

Other contributory causes of importance:

Autopsy

Name of operation Laparotomy Date of 2-21-34

What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) D. B. Gross M. D.

(Address) Franklin Square Hosp.

D. B. 1265-9

8785

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E 98785

CERTIFICATE OF DEATH

✓ 210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH pronounced dead at Mercy Hospital St. 4-01 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1899

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Feb 26 19 34

UNDERTAKER
(Address) 1 Penn Square

FILED ..... 19 ..... Registrar.

0151

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... . 19 ..... to ..... . 19 .....

I last saw h..... alive on ..... . 19 ..... Death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	1/30/34
Automobile accident	1/30/34

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/30 . 1934

Where did injury occur? Fayette & Gay sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Struck by auto while walking across street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Thorny Coroner M. D.

(Address) 226 E Madison St

D. B 1268-9

E 98786

HEALTH DEPARTMENT—CITY OF BALTIMORE

98786

CERTIFICATE OF DEATH

√ 34

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julius Mitchell

(a) Residence: No. Unknown St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Feb 26, 1934

UNDERTAKER
(Address)

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) S. C. Herzog M.D., M. D.
Coroner

(Address) 1305 N. Patterson Park

M. D. B. 1269-9

E 98787

HEALTH DEPARTMENT—CITY OF BALTIMORE

98787

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1720 E. 29th St. St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY TALLEY

(a) Residence: No. 1929 Bank St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Talley

7. DATE OF BIRTH (month, day, year) May 7, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cincinnatti
(State or country) Ohio

13. NAME Henry Rheinlander

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Christina ?

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs. Margt. Hisley (Sister)
(Address) 241 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cem. Feb. 26. 1934
Place Date 19

19. UNDERTAKER Henry Sander & Sons Inc. H. Sander
(Address) Baltimore & Broadway.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1934 to Feb 24 1934

I last saw her alive on Feb 23 1934. Death is said to have occurred on the date stated above, at 1.00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Feb 17
	7 days
	22nd

Other contributory causes of Importance:

Organic Heart Disease

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. R. 1268-9

E 98788

98788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 13-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 E. Lafayette Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert T. Daughtrey

(a) Residence: No. 313 E. Lafayette Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marian A. Porter

6. DATE OF BIRTH (month, day, year) Dec. 4, 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) --- Virginia

13. NAME Marmaduke Daughtrey

14. BIRTHPLACE (city or town) (State or country) --- Virginia

15. MAIDEN NAME Fanny Dixon

16. BIRTHPLACE (city or town) (State or country) --- Virginia

17. INFORMANT Abram T. Daughtrey

(Address) 313 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery Date 2/27 19 34

19. UNDERTAKER Hanby & Meeks and Son

(Address) 805 N. Calvert St.

FILED 2 6 1934 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24 1934

22. I HEREBY CERTIFY, That I attended deceased from February 8 1934 to February 24 1934

I last saw h[illegible]ive on February 24 1934 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Arterio-Sclerosis	2 years

Other contributory causes of importance:

Heart failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Reginald S. Tonry, M. D.

(Address) 414 E. North Ave.

H. D. P. 1268-9

E 98789

8789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 N. Charles St. St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Linthicum

(a) Residence: No. 2712 N. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Adele T. (nee Knight)

7. DATE OF BIRTH (month, day, year) Oct. 16, 1856.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

13. NAME Sweetser Linthicum

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Laura E. Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) William C. Linthicum 2712 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Feb. 27, 1934

19. UNDERTAKER (Address) 4101 Edmondson Ave.

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1934 to Feb 24 1934

last saw h[illegible] alive on Feb 23 1934 Death is said to have occurred on the date stated above, at 8 A.M. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Diabetes - for 10 yrs
Carcinoma of Pancreas

Name of operation none Date of

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Stanley Kaufmann M. D.

(Address) 917 Park Ave. Balto

M. D. B. 1268-9

E 98790

8790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-002

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Gorsuch Ave. St., 9-01 Ward)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME ELLA M. CONNOR

(a) Residence: No. 1435 Gorsuch Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME Patrick Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Finnerty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Cecelia Moore
(Address) 1435 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Joseph's Cem. Texas Md. Date 3/28/34

19. UNDERTAKER Geo. E. Gaul & Son
(Address) 118 W. Mt. Royal Ave

Filed 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15th, 1934 to Feby 25th, 1934

I last saw h[illegible] alive on Feby 25th, 1934. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	2.15.34
(Gradual Complete right hemiplegia)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) E. M. Wantz M. D.

(Address) 1525 Park Ave

M. D. F. 1268-9

E 98791

98791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Monument St., 16-01 Ward)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1125 Monument St., Ward. Wellsboro Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 9 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wellsboro Penna Date February 27 1934

19. UNDERTAKER Joseph Ashley

(Address) 1609 N. Main Street

FEB 27 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 19 34 to Feb. 24, 19 34

I last saw h alive on Feb. 24, 19 34 Death is said to have occurred on the date stated above, at 8:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2/11/34
(Primary)	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) , M. D.

(Address)

61934

M. D. B. 1268-9

E 98792

98792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 407 E. Hamburg St., 24 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Thomas Hopkins.

(a) Residence: No. 407 E. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah A. Hopkins

DATE OF BIRTH (month, day, year) Oct. 24, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4.	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yard Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. C. McComas Coal Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME George Wm. Hopkins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Plowman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Sarah A. Hopkins
(Address) 407 E. Hamburg St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb. 27, 1934

19. UNDERTAKER John F. Denny
(Address) 715 Eager St

20. FILED FEB 26 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19 to 1934 to July 25 1934

I last saw h[illegible] alive on 2/24 10.00 a. m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	2/19/34
Chronic Myocarditis	
Nephritis	X

Other contributory causes of importance:

Name of operation None Date of X

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. DeFrancis M. D.

(Address) 1340 Eutaw St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

7933

CERTIFICATE OF DEATH

97 E 98293

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1280 Battery Ave. St. 24-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ---- mos. ---- da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sarah E. Woolford.

(a) Residence: No. 1280 Battery Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6. If ~~SINGLE~~, widowed, or ~~DIVORCED~~ (or) WIFE of Charles E. Woolford.

7. DATE OF BIRTH (month, day, year) February 6 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	0	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Mrs. E. E. Moore.

(Address) 636 W. 36th St. Norfolk, Va.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 27. 1934

UNDERTAKER John F. Denny

(Address) 115 Light St.

Filed ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner

(Address) 1017 E. Charles st. 2/26/34

M. D. B. 1268-9

8794

✓ E 98794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 E. Biddle St. E-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lola M. Ritzius (Richards)

(a) Residence: No. 2310 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 29th 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME John C. Ritzius (Richards)

14. BIRTHPLACE (city or town) (State or country) City

15. MAIDEN NAME Marion Waggner

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Mrs John C. Ritzius (Richards)
(Address) 2310 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date 2/27/ 1934

19. UNDERTAKER E. J. Fleming & Son
(Address) 1928 E. Lafayette Ave

Baltimore, Md. Registrar.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from October 5 1933 to Feb 25 1934

I last saw her alive on Feb 22 1934 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Hemorrhagic Influenza	1934
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elmer G. Longwell M. D.

(Address) 1613 E. North Ave

M. D. B. 1268-0

✓ E 98795

98795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 N. Bond St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie M. Harbaugh

(a) Residence: No. 1315 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ ~~HUSBAND OF~~ (or) WIFE of: William H. Harbaugh

7. DATE OF BIRTH (month, day, year): Sept 29th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Penna Germany

13. NAME OF FATHER: [illegible]

14. BIRTHPLACE (city or town) (State or country): Penna

15. MAIDEN NAME OF MOTHER: Fannie Floka

16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT: Mrs Helen H. Tadgman

(Address): 2763 Tivoly ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Feb 27th 1934

19. UNDERTAKER: Wm Cook

(Address): 1217 E Fayette St

Filed: 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933 to Feb 24 1934

I last saw h[illegible] alive on Feb 22 1934 Death is said to have occurred on the date stated above, at 3045 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon & Rectum	

Other contributory causes of importance:

Myocarditis - Hemorrhage Uterus

Name of operation: Radium Treat Date of

What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J W Kenney M. D.

(Address) 1817 N Broadway

M. D. B. 1268-9

8796 ✓ E 98796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Grau

(a) Residence: No. 513 S Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1870 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himmel Furniture Co

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Frederick Grau

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah ? ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Trinity Cem Date 2/27, 1934

19. UNDERTAKER William Cook (Address) [illegible] Paul Street Huntington [illegible], Registrar.

6/1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23. 1934

22. I HEREBY CERTIFY, That I attended deceased from February 6 1934 to February 23, 1934

I last saw h[illegible] alive on February 23, 1934 Death is said to have occurred on the date stated above, at 11 29 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, left	
c hemiplegia, right	18 days
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J P Magill M. D.

(Address) Balt City Hosp.

M. D. B. 1268-9

✓E 98797

98797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. W. 0 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Lee

(a) Residence: No. 43 Madison St. Annapolis, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race col

5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Lee

6. DATE OF BIRTH (month, day, year) Oct 30 - 1870

7. AGE — Years 63 — Months 4 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

13. NAME Richard Larrimore

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Marie Clark

(Address) Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md. Date Feb 27, 1934

19. UNDERTAKER L. L. Hopkins

(Address) Annapolis, Md.

20. FILED 1934, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1934, to Feb 26, 1934.

I last saw h.. alive on Feb 26, 1934. Death is said to have occurred on the date stated above, at 4:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Carcinomatosis	
Internal abdominal hemorrhage	1 wk. ago

Other contributory causes of importance: None

Name of operation Exploratory laparotomy Date of 2/24/34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Howard Stackhouse Jr. M. D.

(Address) University Hospital

AdCo. 5-31 2508

E 98798 E 98798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 S. Charles St. 23rd Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Robert E. Rouse

(a) Residence: No. 1205 S. Charles St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 1886

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Court-house
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Dr Robert S. Rouse

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Fannie Abbott

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ella Mercer
(Address) 1304 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Leadenhall Date Feb. 25 1934

19. UNDERTAKER Fred A. Krause & Son
(Address) 1305 S. Charles St.

FILED ....., 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1933 to Feb. 24, 1934
I last saw him alive on Feb. 23, 1934 death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Indefinite	
Other contributory causes of importance:	
Exhaustion	2/23/34

Name of operation None Date of —
What test confirmed diagnosis Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury...., 19....
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

2/27/34 (Signed) R. E. Campbell M. D.
(Address) 1644 Hanover St

E 98799

STATE OF MARYLAND—CERTIFICATE OF DEATH

E 98799

1. PLACE OF DEATH — Registration Dist. No. 12-01X92-001

County Balto

Village or City Baltimore — No. 3505 Greenmount Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hallie E. Gilmore

(a) Residence: No. ... St., Ward. — If nonresident give city or town and State

Portsmouth, Va

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. T. Gilmore

DATE OF BIRTH (month, day, and year): Dec. 10, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72.	2	17.	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: At Home

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: 30

BIRTHPLACE (city or town) Lancaster Pa

(State or country)

13. NAME Henry Carroll

14. BIRTHPLACE (city or town) Lancaster Pa

(State or country)

15. MAIDEN NAME Martha Keene

16. BIRTHPLACE (city or town) Lancaster Pa

(State or country)

INFORMANT Travis Hartle

(Address) Portsmouth, Virginia

BURIAL, CREMATION, OR REMOVAL: Date March 2, 19[illegible]

Place [illegible]

UNDERTAKER [illegible]

(Address) [illegible]

FILED [illegible], 19[illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 27 (Day), 1934 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb 6, 1934 to Feb 26, 1934, death is said

I last saw her alive on Feb. 26, 1934, death is said to have occurred on the date stated above, at 4. 00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Valvular disease of heart

Date of onset

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Long M. D.

(Address) 48 Courtland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B. 1268-9

E 98800

E 98800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton 26-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Dews

(a) Residence: No. 222 Mallow Hill Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 2-24-34

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Judson Baynes

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Joan Schrader

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT L. Dews

(Address) 222 Mallow Hill ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feb 27 1934

19. UNDERTAKER J. Kerrigan Bro

(Address) 127 E Baltimore St

20. FILED FEB 27 1934 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24 1934 to Feb. 26 1934

I last saw h.. alive on Feb. 26 1934 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	2/24/34

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John C. Dunker M. D.

(Address) St. Agnes Hospital

AaCo. 5-31 [illegible]

E 98801

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98801

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 S. Light St. 23-81 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Melvin E. Perry

(a) Residence: No. 1630 S Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) — 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elsie Mitchell [illegible]

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Robert Perry
(Address) 1630 S. Light

18. BURIAL, CREMATION, OR REMOVAL
Place London PK Date 1/29, 1934

19. UNDERTAKER I. F. McCully
(Address) 130 E Fort Av

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/2, 1934, to 1/25, 1934

I last saw h[illegible] alive on 1/25, 1934, death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
	Chronic

(Other contributory causes of importance:)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Traverse, M. D.

(Address) 1 [illegible] Ave

D. B 1268-9

E 98802 ✓ E 98802

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-001

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME John Raymond Tucker

(a) Residence: No. 500 S. Rapella Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edna E Tucker

DATE OF BIRTH (month, day, year) April 7 1891

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43 42 43	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Charles A Tucker

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Alice E Reynolds

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs. Tucker. (Address) 500 Rapella.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 2/27 1934

UNDERTAKER J. H. McGilly (Address) 130 S Fort Ave

FILED 2/27 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ——, 19....., to ——, 19.....

I last saw h..... alive on ——, 19..... Death is said to have occurred on the date stated above, at 1140 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Acute Myocardial infarct	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) 1305 N. Patterson Park

M. D. F. 1268

E 98803 Clark ✓ E 98803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 N. Gilmor St., 4th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Clark

(a) Residence: No. 1644 N. Gilmor St., 4th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: C.

5. Single, Married, Widowed, or Divorced (Write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Charles Clark

6. DATE OF BIRTH (month, day, year): 1870

7. AGE: Years 63 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington Co. Md.

13. NAME of father: Isaac Hunsicker

14. BIRTHPLACE (city or town) (State or country): Pa.

15. MAIDEN NAME of mother: Mary Thanton

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Mrs. B. Watson

(Address): 1644 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2/27, 1934

19. UNDERTAKER: Thomas Nelson

(Address): 333 Dresbach Ave

20. FILED 27 1934, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/27/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/27/34, 19 to 2/27/34, 19

I last saw her alive on 2/27/34. Death is said to have occurred on the date stated above, at 7 PM.

The principal cause of death and related causes of importance were as follows:

Progressive Pernicious Hemorrhages

Date of onset: ?

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lee Ellis, M. D.

(Address) 1 W. Mt. Vernon Pl.

M. B. B. 1268-9

E 98804 Huhn E 98804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 76-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Huhn

(a) Residence: No. 122 Newkirk St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Christ Huhn

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Anna Kutchera
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place W. Lawn Mem. Date Feb 27 1934

UNDERTAKER Leatherbury & Kenwood
(Address)

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 - 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance:

Endocarditis Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? Home 1901 Madison
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped on floor

Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) J. Clay Gregg M. D.
Coroner

(Address) 202 Walbrook Bldg

M. P. B. 1932 E 98805 ✓ E 98805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura E. Cross

(a) Residence: No. 820 W. 34 St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co.
(State or country) Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs Bessie Bull
(Address) 820 W 34 St

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Cem Date Feb 28 1934

19. UNDERTAKER Watts Lang
(Address) 3618 Chestnut Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-8-1934 to 2-26-1934

I last saw her alive on 2-26-1934 Death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Chronic valvular heart disease (mitral regurgitation)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Conway M. D.

(Address) Vol. Hospital

M. D. B. 1269-9

E 98806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 11-01 Ward)

Registered No. E 98806

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Garner

(a) Residence: No. 146 Cathedral St., ... Ward. Elkton Cecil Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. N. Garner

6. DATE OF BIRTH (month, day, year) Oct 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME John Nartnelle

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Joanna Holihan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Mt. Hope (Address) Mt. Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL Place Pro Cathedral Cem Date Feb 27 34 19

19. UNDERTAKER Stuart & Mourning Company (Address) 108 W. North Ave

FILED Feb 27 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/3, 1931, to 2/25, 1934

I last saw her alive on ... 19 ... Death is said to have occurred on the date stated above, at 7 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis Senile Psychosis	11/31/33
Other contributory causes of importance: Left lobar pneumonia	2/7/34

Name of operation None Date of ...

What test confirmed diagnosis? Findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Dr. N. W. Bonnelli M. D.

(Address) 33 E. Fredrick St.

Dr. N. W. Bonnelli Balto Md.

D. B 1268-9

98807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98807

93-004

Registered No. 1-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 N. Castle St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Davidson

(a) Residence: No. 1038 N. Castle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 22/1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT John Davidson (son)
(Address) 1033 N. Chapel St

BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 2/27 1934

UNDERTAKER Robert Brooks Sons
(Address) Eutaw & Mulberry sts

FEB 27 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
Other contributory causes of importance: General Arteriosclerosis	
Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Joel Cohen, M. D.
Coroner

(Address) 1086 North Eutaw

H. D. B. 1268-9

✓ E 98808

98808 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 23-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Hackett

(a) Residence: No. 1615 Hardren Ct St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Dec 11-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

13. NAME Emma Mary

14. BIRTHPLACE (city or town) (State or country) Cecil Co Md

15. MAIDEN NAME Mary A Walker

16. BIRTHPLACE (city or town) (State or country) Cecil Co Md

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 2-27 1934

UNDERTAKER Robert Brooks Eaton
(Address) Calhoun & Hollins Sts

FILED FEB 27 1934, 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23-1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Apoplexy.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) , M. D.
Coroner

(Address)

M. D. B. 1268-8

E 98809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98809

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals, 1-01 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Edward Greiser

(a) Residence: No. 1109 S. Edmondson Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Greiser (Dead)

6. DATE OF BIRTH (month, day, year) Aug 7, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Peter Greiser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Greiser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Bard City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date March 1, 1934

19. UNDERTAKER H. Sanders Sons Inc (Address) 1710 East Pk

19 ... Registrar.

FEB 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1934 to Feb 26, 1934

I last saw him alive on Feb 26, 1934 Death is said to have occurred on the date stated above, at 7:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1 yr.
Arteriosclerosis	"
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I. P. Magill M. D.

(Address) Balt. City Hosp.

98810

E 98810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hospitals St., 3-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Grape

(a) Residence: No. 701 S. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mamie Grape

6. DATE OF BIRTH (month, day, year): Aug 5, 1853

7. AGE: Years 80 | Months 6 | Days 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Iron Mold

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): York Pa

13. NAME Henry Grape

14. BIRTHPLACE (city or town) (State or country): York Pa

15. MAIDEN NAME Emma Robinson

16. BIRTHPLACE (city or town) (State or country): York Pa

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Feb. 28 1937

19. UNDERTAKER Wendell J. Dibbel

(Address) 3003 E. Eden St. Phone

20. FILED ..... 19..... Registrar.

FEB 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1937 to Feb 25 1937

I last saw alive on Feb 25 1937 Death is said to have occurred on the date stated above, at 1:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	8 mos?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Pinagel M. D.

(Address) Balt. City Hosp.

M. D. B. 1268-9

98811

E 98811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 S Limwood Ave St., 1-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Eckert Sr

(a) Residence: No. 713 S Limwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Amelia Eckert

7. DATE OF BIRTH (month, day, year) Aug 20 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — laborer copperage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Gas

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore

13. NAME — Louis Eckert

14. BIRTHPLACE (city or town) (State or country) — Germany

15. MAIDEN NAME — Christina Bouare

16. BIRTHPLACE (city or town) (State or country) — Germany

17. INFORMANT — Amelia Eckert

(Address) 713 S Limwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Feb 28, 1934

19. UNDERTAKER — John Ullrich

(Address) 2008 Orleans St

20. FILED FEB 27 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 34, 19..., to Feb 25-34

I last saw h... alive on Feb 25-34. Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary Embolism	1 day

Other contributory causes of importance:

Myocardial Degeneration — 2 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Herman, M. D.

(Address) 1913 E. Oriskany

2/26/34

98812 E 98812

Space.—6-9-15—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 ✓

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Belgian ave. ST. 27-01 WARD)

2-FULL NAME Edward R. vandersloot.

(a) RESIDENCE. NO. 807 Belgian ave. ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie D. vandersloot.

6 DATE OF BIRTH (month, day, and year) Feb. 3, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	21 0	

8 OCCUPATION OF DECEASED 086

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Test Dept.

(c) Name of employer A. J. & J. Co.

9 BIRTHPLACE (city or town) (State or country) Pennsylvania.

10 NAME OF FATHER Ferdinand vandersloot

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sarah E.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs. Elsie D. vandersloot
(Address) 807 Belgian ave.

15 Filed FEB 27 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 24 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9 1934 to Feb. 24 1934.

that I last saw him alive on Feb. 24 1934.

and that death occurred, on the date stated above, at 9.30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (1) Uremia, (2) acute myocardi

(duration) 25 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? yes

(Signed) Chas. S. Kirstodt, M. D.

19 (Address) 1730 Linden ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Swedesboro, New Jersey	Feb. 27, 1934
20 UNDERTAKER	ADDRESS
E. Leroy Stiffler, Inc.	126 E. North ave

M. D. B. 1268-9

E 98813

E 98813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 N. Augusta St., 5-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence E. Myers.

(a) Residence: No. 109 N. Augusta St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 3, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sagenbarger's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster, Md.

13. NAME Jesse T. Myers

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Hilbrough

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ida N. Myers

(Address) N. Eutaw and Ed.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 25 1934

19. UNDERTAKER Wm. C. Fickenscher & Son

(Address) Mortuary Chapel

Registrar.

FILED FEB 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1934, to ....., 19.....

I last saw h.. alive on 2-25, 1934 Death is said to have occurred on the date stated above, at 8:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-20-34
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Murray Fisher M. D.

(Address) 18 E. Eager St. Baltimore

E 98814

AaCo. 5-31 250B

E 98811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH W
CITY OF BALTIMORE: (No. 2100 Mulberry St. 7th Ward)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Henry Krabitz

(a) Residence: No. 2101 Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Agatha M. Krabitz

DATE OF BIRTH (month, day, year) Dec. 12, 1887

AGE Years	Months	Days	If LESS than 1 day... hrs. or... min.
46	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cloth Sponger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dye
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto, md

13. NAME Paul Krabitz
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Rosa Korff
16. BIRTHPLACE (city or town) (State or country) Germany
INFORMANT Agatha M. Krabitz
(Address) 2100 W. Mulberry St.
BURIAL, CREMATION, OR REMOVAL
Place Westerns Date 2/27 19 34
UNDERTAKER Frederick C. Tofe
(Address) 1200 W. Lombard St.

FILED 2 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-34

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 34, 19..., to Feb 24, 1934
I last saw h-n alive on Feb 24 1934 death is said to have occurred on the date stated above, at 12:20 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of Aorta	
Asphyxia	
Other contributory causes of importance:	
Lues	

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) Roy McCleary, M. D.
(Address) 400 N Payson

M. D. B. 1269-9

E 98815

E 98815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N. Madeira St., 6-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Harris

(a) Residence: No. 126 N Madeira St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Harris

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Thomas Harris

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Sussion ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Margaret Harris (wife)
(Address) 126 N Madeira St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date Feb 28, 1939

19. UNDERTAKER Robert F. Kirkhamer
(Address) 1515 Eutaw St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-39

22. I HEREBY CERTIFY, That I attended deceased from 2-17-39, 19..., to 2-24-39, 19...

I last saw him alive on 2-24-39. Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Hyp)	2-17-39

Other contributory causes of importance:

Name of operation None ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) ... M. D.

(Address) 2216 E Fayette St

E 98816

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98816

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Argyle Ave St. 11th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harvey Leonard Williams

(a) Residence: No. 1601 Argyle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of Grace Williams
(or) WIFE of

DATE OF BIRTH (month, day, year) 6-9-1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Repair Service Co.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME OF FATHER John H. Williams
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME OF MOTHER Mary E Prout
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Mrs Grace M Williams
(Address) 1605 Argyle Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 2-28-1934
19. UNDERTAKER J. A. Gibson
(Address) 1855 Druid Hill Ave

FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/21, 1934 to 2/25, 1934
I last saw h[illegible] alive on 2/25, 1934 death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	
Chr. Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B. W. Kelly, M. D.
(Address) 2179 N Ave

M. D. R. 268-F

E 98817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98817

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 N. Broadway St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Becker

(a) Residence: No. 138 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Becker

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Graham —

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Martha

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Max Becker
(Address) 138 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Wm. Cemetery Date 2-27- 1934

19. UNDERTAKER DeCamp Inc.
(Address) 1731 E. Baltimore St

20. FILED FEB 27 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1933 to Feb 26 1934

I last saw her alive on Feb 26 1934 Death is said to have occurred on the date stated above, at 11:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	prev
Other contributory causes of importance: Pulmonary Edema	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry Weinstein M. D.

(Address) 1730 E. Fayette St

D. B 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

98818 / E 98818

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital 12-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Rudolph

(a) Residence: No. 305 E Lanvale St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosa Etta

6. DATE OF BIRTH (month, day, year) Dec 17-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman to Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Pennsylvania
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Pennsylvania
17. INFORMANT Mrs Harry E Fraser
(Address) 7807 Harkers Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb. 28- 1934
19. UNDERTAKER Charles J. Schwabe
(Address) 5057 N. Monroe St.
20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Oedema	Feb 23 1934
Other contributory causes of importance: Arterior Sclerosis Several years	

Name of operation None Date of
What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Jas L. Valentine M. D. Coroner
(Address) 16 South Broadway

C. D. B. 1268-0

98819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98819

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hos. St. 24-61 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William M. Andersen

(a) Residence: No. 217 Gittings Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary J. Beemer

DATE OF BIRTH (month, day, year) Sept. 20, 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Andrew Andersen

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Mary Freaser

16. BIRTHPLACE (city or town) (State or country) Scotland

INFORMANT Mrs. Mary J. Andersen
(Address) 217 Gittings Ave.

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemy. 2/26/34 19

UNDERTAKER John O. Mitchell & Sons Inc.
(Address) 1900 Eutaw Place

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Calvular disease of the heart	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Morrissey M. D.

(Address) 36 W Roland Ave

E 98820 200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98820

93-103

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2306 E. Federal St. 8-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph V. Edelmann

(a) RESIDENCE NO. 1840 N. Durham St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Edelmann

6 DATE OF BIRTH (month, day, and year) Sept 9/1877

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	57	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glove Presser

(b) General nature of industry, business, or establishment in which employed (or employer) C116

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Joseph Edelmann

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Yaskolka

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Barbard Zeller

14 Informant Howard McRay

(Address) 1840 N. Durham St.

15 Filed FEB 27 1934 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1934 Feb 24 1934

17 I HEREBY CERTIFY, That I attended deceased from Feb 23 1934 to Feb 24 1934

that I last saw her alive on Feb 24 1934

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(duration) yrs. mos 7 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Symptoms

(Signed) Geo. Wolpert, M. D.

2/26 1934 (Address) 1111 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Memorial Com. Date of Burial Feb 28 193

20 UNDERTAKER Frank A. Fink ADDRESS 915 N. Gay

M. D. B. 1210-9 E 98821 ✓ E 98821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH
CITY OF BALTIMORE: No. Baltimore City Hospitals 16-81 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Broadfoot
(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 13 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William Broadfoot
14. BIRTHPLACE (city or town) (State or country) Baltimore
15. MAIDEN NAME Hessie E Eastley
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Friends
(Address) Balt City Hosp
18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Feb 28, 1934
19. UNDERTAKER John A. Inman
(Address) 3000 E. Baltimore St
20. FILED FEB 27 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1933, to Feb 25, 1934
I last saw him alive on Feb 25, 1934. Death is said to have occurred on the date stated above, at 11:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immediate cause not known	
Chronic alcoholism	?
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I. D. Magill M. D.
(Address) Balt City Hosp

M. B. E 98822 ✓ E 98822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. 8-01

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. U.S. Marine Hospital Baltimore, Md. St. 8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Benjamin T. Dixon

(a) Residence: No. 2108½ Lake Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ann Diamond Dixon

6. DATE OF BIRTH (month, day, year) Sept. 9, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mate ob
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 5-15-33
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles County Maryland

13. NAME Henry Levi Dixon

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lydia Swann

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Maryland

17. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Feb. 28 19 34

19. UNDERTAKER (Address) John F. Mann 3002 E. Balto. St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1 19 33 to February 26 19 34
I last saw him alive on February 26 19 34 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of left leg	2/16/34
Bronchopneumonia	2/24/34
Arteriosclerosis, general	?

Other contributory causes of importance:

Name of operation Amputation Date of 2/23/34

What test confirmed diagnosis? Ph.ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. M. Greenawalt M. D.
(Address) U.S. Marine Hospital

M. D. B. 1268-9

E 98823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98823 2 82 18c Ped

159

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Kluka

(a) Residence: No. 212 N. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2/17/34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Laurence Kluka

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Laura Burger

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date Feb 27 1934

19. UNDERTAKER
(Address)

FILED ..... 19..
Registrar.

0155

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-17-1934 to 2-20-1934

I last saw him alive on 2-20-1934 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wayland Hoyt M. D.

(Address) [illegible]

M. D. B. 1268-9

✓ E 98824

98824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., E-C Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Lindsey

(a) Residence: No. 211 S. Llewellyn Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 6, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

13. NAME Wesley J. Lindsey

14. BIRTHPLACE (city or town) S.C. South Carolina
(State or country)

15. MAIDEN NAME Minnie Rudges

16. BIRTHPLACE (city or town) ..... North Carolina
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. Wood College Date Feb 27 1934

19. UNDERTAKER .....
(Address)

20. FILED Feb 27 1934, 19..... Registrar.

0154

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1934 to 2-17 1934

I last saw him alive on 2-16 1934 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2-16-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Spence Jr., M. D.

(Address) .....

M. D. B. 1268-9

✓ E 98825

98825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Grantley St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Lenty

(a) Residence: No. 609 Grantley St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Lenty

6. DATE OF BIRTH (month, day, year) Oct 13 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Patrick Mc Cabe.

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Loftus

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs J van Willis

(Address) 609 Grantley

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3/1 1934

19. UNDERTAKER Margaret E Lee

(Address) 1732 Light St.

20. FILED ... 19... Registrar.

11934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to Feb 26 1934

I last saw h.. alive on Feb 25 1934. Death is said to have occurred on the date stated above, at 8.05 A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other contributory causes of importance: Chronic Bronchitis	10 yrs
Chronic Cholecystitis	6 yrs

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wilhelmina Lee M. D.

(Address) 202 Rue du H.

M. D. B. 1268-9

✓ E 98826

8826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Jefferson St., 6-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wendelin A Gross

(a) Residence: No. 2217 E Jefferson St., ... Ward.
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of: Elizabeth Gross

6b. DATE OF BIRTH (month, day, year): 10-1853

7. AGE: Years 81 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Canned Goods

10. Date deceased last worked at this occupation (month and year): (16)

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Wendelin Gross

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Gross

(Address): 711 S. Glover St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Feb 28, 1934

19. UNDERTAKER: Mrs E. Butler & Son

(Address): 2317 Jefferson St

Filed ... 19... Registrar.

71934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-25-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1934 to Feb. 25, 1934

I last saw him alive on Feb. 25, 1934. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage,	5 days
Senile Arterio-sclerosis	
Chronic Myocarditis.	

Other contributory causes of importance:

Acute Myocardial Insuff	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm E. Lewis M. D.

(Address) 7007 E. Baltimore

M. D. B. 1268-9

98827 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 98827

CERTIFICATE OF DEATH

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woodbourn Ave. St. 27-C Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie S. Gamble

(a) Residence: No. Woodbourn Ave. (City) St., Ward. (New Hilton Rd)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lawrence Gamble

6. DATE OF BIRTH (month, day, year) Oct. 15, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME Unknown
" " "

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown
" " "

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lawrence Gamble
(Address) Woodbourn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Feb. 28 1934

19. UNDERTAKER Leonard J. Ruck
(Address) 530 Hanover St.

Filed 19 Registrar.

B 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1933 to Feb 25 1934

I last saw her alive on Feb 25 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hysterectomy x	
Toxaemia,	

Other contributory causes of importance:

Lymphosarcoma of abdominal viscera,	
Origin unknown	

Name of operation Hysterectomy Date of Oct. 1

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Claud Symons M. D.

2/27/34 (Address) 4706 Harford Road

M. D. B. 1268-9

✓ E 98828

98828

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 752 W. Hamburg St. St., 21-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie T. Vogelman

(a) Residence: No. 752 W. Hamburg St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. Charles L. Vogelman

6. DATE OF BIRTH (month, day, year) Nov. 5, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME F. Hughes Rogan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME M. Julia Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Wm. H. Vogelman

(Address) 752 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 28 1934

19. UNDERTAKER Wm. J. Tickner & Son

(Address) Madison & Fulton Aves

20. DATE FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1934 to Feb. 25 1934

I last saw h[illegible] alive on Feb. 25 1934 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	Feb 23.

Other contributory causes of importance:

Myocarditis	several yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Blake M. D.

(Address) 719 Med. Arts Bldg

M. D. B. 1268-9

E 98829

98829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 E. Oliver St. 8-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME Henry Fradin

(a) Residence: No. 2007 E. Oliver St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Annie Fradin

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years: 47; Months: ; Days: ; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Annie Fradin

(Address) 2007 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL: Mt. Rest Rd

Date 2-27-34, 19....

19. UNDERTAKER: Jack Lewis Inc

(Address) 1937 E. Oliver St

FILED ..... 19.... Registrar.

7034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 19.... to Feb 26, 19....

I last saw h... alive on Feb 26, 19.... Death is said to have occurred on the date stated above, at 1:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Acute Cardiac Dilatation	1 day

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. B. 1268-9

98830

282249

✓ E 98830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 157-004

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Robinson

(a) Residence: No. ..... Forrest Hill St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-9-1933

7. AGE Years	Months	Days 17	If LESS than 1 day, ... hrs. or ..... min.
	2	11 weeks	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Norman Robinson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Anna Cumberland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Lock Lawn Cem Date March 7, 34

19. UNDERTAKER E. C. Kurtz & Son (Address) Hagerstown Md

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1934, to Feb 26, 1934

I last saw him alive on Feb 26, 1934. Death is said to have occurred on the date stated above, at 1145 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pyo nephrosis	?
Congenital malformation of kidneys	Birth
Other contributory causes of importance:	
Meningitis (secondary)	3 days

Name of operation Bilat. Nephrostomy Date of 2-21-34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Meyer S Hecht M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

✓ E 98831

98831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-007

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 N. Broadway. St., 8-01 Ward)

Length of residence in city or town where death occurred 49 yrs 1 mos 20 da. How long in U. S. if of foreign birth? yrs mos da.

2. FULL NAME Octavia E. Lewis.

(a) Residence: No. 1723 N. Broadway. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 5, 1885.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O'Neill's Dept. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Beale Lewis

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Ashcom.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Miss Mildred Zimmerman.
(Address) 701 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery. 2/28/34

19. UNDERTAKER Henry C. Myers Son
(Address) 20[illegible] Pul-Calvert St.

20. FILED [illegible] 1934 Registrar. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Feb. 25 1934

I last saw h[illegible] alive on Feb 25 1934 Death is said to have occurred on the date stated above, at 2 and 1 m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Acute dilatation of heart due to	
Toxic Cardiac Lung Lesions & Mas	
Hypertrophied Heart	

Other contributory causes of importance:

Uterine adnexa

Name of operation [illegible] Date of

What test confirmed diagnosis? Typical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. W. Kruez M. D.

(Address) 1612 N. Broadway

E 98832

E 98832

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. 13-01

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2210 Linden Ave ST. 13-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Klein

(a) RESIDENCE No. 2210 Linden Ave ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed or divorced, HUSBAND of (or) WIFE of Katherine Casson

DATE OF BIRTH (month, day, and year) Aug 7 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mfg Dresses

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mrs Katherine C Klein

(Address) 2210 Linden Ave

Filed 1934 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH (month, day, and year) Feb 26 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1933 to Feb 26 1934,

that I last saw h[illegible] alive on Feb 26 1934,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Myocarditis (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary occlusion (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Frederick Leitz M. D.

2-27. 1934 (Address) Temple Garden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Feby 28 1934
20 UNDERTAKER	ADDRESS
John O Butchell & Son	1905 Eutaw Place

H. D. B 1268-9

98833 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 98833

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 4307 Gorsland St., (Hosp. or Inst.) (Ward) 26-21
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Richard D. Armstrong

(a) Residence: No. 4307 Gorsland St., (Ward) 26-21
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or race White
5. Single, Married, Widowed, or Divorced (write the word) Married
6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Armstrong
7. DATE OF BIRTH (month, day, year) 11-3-1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Nash Co. N. Car.
13. NAME Gray Armstrong
14. BIRTHPLACE (city or town) (State or country) N. Car.
15. MAIDEN NAME Margaret Baker
16. BIRTHPLACE (city or town) (State or country) N. Car.
INFORMANT Mary Armstrong
(Address) 4307 Gorsland
BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2 | 28 | 34
UNDERTAKER Mrs. Wilson & Son
(Address) 2503 Edmondson Ave
FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1934
22. I HEREBY CERTIFY, That I attended deceased from ... 19...
to ... 19... I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
	3 months

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...
24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Clark Coroner, M. D.
(Address) Catonsville

M. D. B. 1268-B

38834

HEALTH DEPARTMENT—CITY OF BALTIMORE

38834

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St., ... Ward)

Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Kuhlman - Compher

(a) Residence: No. 3653 Gelston Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Charles Elmer Compher

6. DATE OF BIRTH (month, day, year) Nov. 28, 1904.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME Louis Waller

14. BIRTHPLACE (city or town) (State or country) Frederick, Md.

MOTHER

15. MAIDEN NAME Norma Young

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Charles E. Compher

(Address) 3653 Gelston Drive, Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Md. 3/1 1934

19. UNDERTAKER Henry T. Fritchel

(Address) 101 E. Lanvale Ave

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1934 to Feb. 26, 1934

I last saw her alive on Feb. 26, 1934. Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 13, 34
Empyema of Right Lung	Feb. 15, 34
Pulmonary Tuberculosis	Feb. 24, 34

Other contributory causes of importance:

Name of operation Thoracotomy Date of 2-17-34

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. L. Leavell M. D.

(Address) Fred. Gen. Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8835 — 98835

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 27-61 Ward)

Length of residence in city or town where death occurred 30 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mr. James C. Story

(a) Residence: No. 5016 Annaberry Ave. Ward. ____ St., ____ (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Genevieve M. (Lee) Gibbs

6b. DATE OF BIRTH (month, day, year): April 10, 1888

7. AGE: Years 46 | Months 10 | Days 16 | If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mail Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): U. S.

13. NAME: James C. Story

14. BIRTHPLACE (city or town) (State or country): U. S.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. James Story

(Address) 5016 Annaberry Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Date 3/1/34

19. UNDERTAKER: H. Witzke

(Address) 1401 Edmondson Ave.

20. FILED ____ 19__ ____ Registrar.

DEC 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-23-1934 to 2-26-1934, last saw him alive on 2-26-1934. Death is said to have occurred on the date stated above at 6.50 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach with Metastasis To Liver — Date of onset Sept 1933

Other contributory causes of importance:

Cachexia

Name of operation ____ Date of ____

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. C. Teague M. D.

(Address) Md. Gen. Hospital

M. D. B. 1284 E 98836

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98836

V 23

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward) 9-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anton Jager

(a) Residence: No. 2224 E. Madison St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Jager

6. DATE OF BIRTH (month, day, year) Dec 15, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (illegible)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Anton Jager

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Josephine ?

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Records

(Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date Mar 2, 1934

19. UNDERTAKER Frederick Lassahn & Son

(Address) 1421 Orleans East

20. FILED ..... 19..... Registrar.

FEB 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1934, to Feb 26, 1934

I last saw h[illegible] alive on Feb 26, 1934. Death is said to have occurred on the date stated above, at 7.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic alcoholism	?
Korsakoff's Psychosis	?

Other contributory causes of importance: Nil

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Magill, M. D.

(Address) Balt. City Hosp

AACo. 5-11 2508 E 98837

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98837

93-002

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5440 Belair Road St., 71-A Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry L. Kopkelman

(a) Residence: No. 5440 Beldir Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline C. Kopkelman

6. DATE OF BIRTH (month, day, year) June 22nd 1864

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
69	8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 08

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

13. NAME of Father George Kopkelman

14. BIRTHPLACE (city or town) .....
(State or country)

15. MAIDEN NAME of Mother Elizabeth Kemp

16. BIRTHPLACE (city or town) .....
(State or country) Maryland

17. INFORMANT Mrs. Reinicke
(Address) 5440 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Com Date Mar 2, 1934

19. UNDERTAKER Frederick Lassahn
(Address) 7101 Belair Road

20. FILED ..... 19.....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1933, to Feb 27, 1934

I last saw h... alive on Feb 26 1934 death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
+ Decubitus	
Other contributory causes of importance:	
Arterio sclerosis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Claud Dennis, M. D.

Address) 4 W Mt Vernon Pl

2/28/34

M. D. F. 1268-9

E 98838

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98838

V 34

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hospitals St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irving Oscar Brown

(a) Residence: No. 21 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Brown (dead)

6. DATE OF BIRTH (month, day, year) March 9, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Robert Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Elizabeth Mitchell

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Baltimore City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date Mar 1 1934

19. UNDERTAKER Mrs Katie R Williams (Address) 322 S Schroeder St.

20. FILED [illegible] 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1934, to February 26, 1934

I last saw him alive on Feb. 26, 1934. Death is said to have occurred on the date stated above, at 5 00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolus, left	
c hemiplegia, right	12 hrs.
Other contributory causes of importance:	
Aneurysm of arch of aorta	5 hrs?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Phagel M. D.

(Address) Balt. City Hosp.

M. D. B. 12-9 E 98839

E 98839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Holbrook Bolan

(a) Residence: No. 3607 Woodbury Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose E. Bolan

7. DATE OF BIRTH (month, day, year) May 2, 1893.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C2

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Rose E. Bolan

(Address) 3607 Woodbury Ave

18. BURIAL, CREMATION, OR REMOVAL Mayfield

Date Feb 1 1934

19. UNDERTAKER Thirower & Sons

(Address) 36[illegible] Chestnut Ave

20. FILED FEB 1 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1934 to Feb. 26 1934

I last saw him alive on Feb. 26 1934 Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

Bilateral bronchopneumonia — Date of onset Feb. 23

Other contributory causes of importance:

Cardiovascular failure — 3/23/34

Toxic jaundice

Septicemia (?)

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. H. Baker M. D.

(Address) University Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

V

E 98840

CERTIFICATE OF DEATH

98840

121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 Hall Ave St. 27-01 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche L. Brady

(a) Residence: No. 3102 Hall Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: David R. Brady

6. DATE OF BIRTH (month, day, year): Nov 20 1892

7. AGE: Years 41 | Months 3 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N. B.

MOTHER FATHER

13. NAME: Wm Lewis

14. BIRTHPLACE (city or town) (State or country): N. B.

15. MAIDEN NAME: Elizabeth - -

16. BIRTHPLACE (city or town) (State or country): N. B.

17. INFORMANT: David R. Brady

(Address) 3102 Hall Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fairwood Cem Date Feb 28 1934

19. UNDERTAKER: Philip Herwig Sons

(Address) 2016 Eutaw St

20. FILED 19 Registrar.

FEB 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1934 to Feb 25 1934

I last saw h~~e/wife~~ on Feb 25 1934 Death is said to have occurred on the date stated above, at 1.10 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension (Ruptured).

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyde E. Foller M. D.

(Address) 3703 Harford Rd

M. D. R. 1268-9

98841

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98841

CERTIFICATE OF DEATH

131 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 N. Patterson Pk Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George L. Johns

(a) Residence: No. 1004 N. Patterson Pk Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Late Jennie M. Johns

6. DATE OF BIRTH (month, day, year): Feb 2 - 1871

7. AGE — Years: 63 | Months: 0 | Days: 24 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steam fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 060

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy.

13. NAME: Johns

14. BIRTHPLACE (city or town) (State or country): Ger.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ger.

17. INFORMANT: Mrs. Johanna Johns
(Address): 1004 N. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Mar 1 34 19

19. UNDERTAKER: Philip Herring & Son
(Address): 2016 Eutaw St

20. FILED ..... 19 .....

EB 201034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1934 to Feb. 26, 1934

I last saw him alive on Feb. 26, 1934 Death is said to have occurred on the date stated above, at 11:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Hypertrophy of Heart	3 years ago
Hypertension	
Arteriosclerosis	
Other contributory causes of importance: Chronic Nephritis	3 years ago

Name of operation: clinical Date of

What test confirmed diagnosis: Finding Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent N. Foska M. D.

(Address) 845 N. Patterson Pk Ave

M. D. B. 1268-9

E 98842 ✓ E 98842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Deepdene St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

80 2 10

2. FULL NAME Amanda Frances Lewis

(a) Residence: No. 725 Deepdene Rd St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced. HUSBAND of (or) WIFE of: Major D. Lewis

6. DATE OF BIRTH (month, day, year): Dec 17 1853

7. AGE: Years 80 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Dorchester Co Maryland

13. NAME: Daniel Jones

14. BIRTHPLACE (city or town) (State or country): Dorchester Co Maryland

15. MAIDEN NAME: Eliza Meredith

16. BIRTHPLACE (city or town) (State or country): Dorchester Co. Maryland.

17. INFORMANT: Mrs Estella Lewis daughter

(Address) 725 Deepdene Road.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: March 1934

19. UNDERTAKER: Stewart & Company Co.

(Address) 108 W Mt Royal

20. FILED: MAR 3 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb-27-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to Feb, 27 1934.

I last saw h alive on Feb 26 1934. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	
Cerebral Hemorrhage	2/26/34

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jerry M Settle M. D.

(Address) 2435 Maryland Ave,

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

98843 E 98843

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert - 33 E St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha E Smith

(a) Residence: No. Brooklandville St., ... Ward.
(Usual place of abode) Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Rockland Md

MOTHER

15. MAIDEN NAME Olive Sipp

16. BIRTHPLACE (city or town) (State or country) Brooklandville Md.

17. INFORMANT (Address) Hosp. Records Calvert & 33 St Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Prospect Hill Date March 2 1934

19. UNDERTAKER (Address) John W Burns Sons, Towson Md.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-26-34. 19 to 2-28-34. 19

I last saw her alive on 2-28-34. Death is said to have occurred on the date stated above, at 2:05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis, bilateral	
Bronchopneumonia, bilateral	2-17-34

Other contributory causes of importance:

Emphysema, left chest

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Richard Francis M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 38841

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Keene Ave St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Anne Frese

(a) Residence: No. 3500 Keene Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis A. Frese

6. DATE OF BIRTH (month, day, year) Jan. 9, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	18	

8. Trade, professinn, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Herman Rolfes

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Froehlich
(Address) 3500 Keene Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Mar. 2/34 19

19. UNDERTAKER Leonard J. Fluck
(Address) 5305 Hartford Rd.

20. FILED MAR 2 1934 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27/34 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 19 34 to Feb 27 19 34
I last saw h alive on Feb 27 19 34 Death is said to have occurred on the date stated above, at 8A m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis. (Infarct.)
Coxary Embolism

Date of onset

Other contributory causes of importanre:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external rauses (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Kyle W. Bosley M. D.

(Address) 5703 Harford Rd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

98845

CERTIFICATE OF DEATH

108 E 98845

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 27-61 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Lucien Van Reuth.

(a) Residence: No. 3205 Batavia Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rotherlands

13. NAME

14. BIRTHPLACE (city or town) (State or country) Holland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date May 3, 1934

19. UNDERTAKER Leonard J. Ruck
(Address) 5305 Harford Rd.

FEB 28 1934 Registrar.

Births

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/27/34, 19 . to 2/28/34, 19

I last saw h/M alive on 2/28/34, 19 . Death is said to have occurred on the date stated above, at 7:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 days

Other contributory causes of importance:

Senility
arteria-Sclerotic cardio-vascular disease Hypostasis

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Burns, M. D.

(Address) Mercy Hospital

Spec.—9-30—A. & Co.—200 Blks.

98846 HEALTH DEPARTMENT—CITY OF BALTIMORE E 98846

CERTIFICATE OF DEATH

124-002
REGISTERED NO.

1. PLACE OF DEATH
CITY OF BALTIMORE. (No.) 3909 Chatham Road ST. 27-01 WARD
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME. Lena Virginia Pfeffer

(a) RESIDENCE NO. 3909 Chatham Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX F | 4 COLOR OR RACE W. | 5 ~~Single, Married~~, Widowed, or Divorced, (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Pfeffer

6 DATE OF BIRTH (month, day, and year) July 2-1846

7 AGE | Years 87 | Months 7 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Wm. Rodman

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Mrs. Charlotte Ritter

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant (Address) Mrs. George Pfeffer 3907 Chatham Road

15 Filed 2-27 1934 Thurston Hillegeist Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26-1934

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1934, to Feb 26, 1934
that I last saw her alive on Feb 26, 1934
and that death occurred, on the date stated above, at 9:50 a. m.
The CAUSE OF DEATH* was as follows:

cirrhosis of liver

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (secondary) Ch. Valv. Heart,
Arteriosclerosis (duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Howard Rd M. D.
2/27 1934 (Address) 2020 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL 2-28 1934

20 UNDERTAKER Kirkwood & Lee ADDRESS 2200 Lanvale

H. D. B. 1268-9

98847

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98847

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Gough Street St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Stanislaus Wyczalek

(a) Residence: No. 2020 Gough Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced WIFE of HUSBAND of Honorata Wyczalek

DATE OF BIRTH (month, day, year) May 8, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Wyczalek

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Veronica Muchowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Honorata Wyczalek
(Address) 2020 Gough Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date March 3, 1934

19. UNDERTAKER John M. Weber
(Address) 401 S. Hector Street

20. FILED 19 Registrar.

MAR 2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933 to Feb. 27, 1934

I last saw him alive on Feb 27, 1934 Death is said to have occurred on the date stated above, at 4:15 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2/25/34
Arteriosclerosis

Other contributory causes of importance:

Senile Pulmonary Edema — 2/26/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Max Zeman M. D.

(Address) 1002 E. Fayette

M. D. B. E 98848

E 98848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Ensor St., 9-01 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Dorsey

(a) Residence: No. 1503 Ensor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: William E. Dorsey

6. DATE OF BIRTH (month, day, year): Oct 19 1883

7. AGE: Years 50; Months 4; Days 7; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Charles Morgan

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Amanda Hutton

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Wm E. Dorsey

(Address): 1503 Ensor St

18. BURIAL, CREMATION, OR REMOVAL

Place: Moreland Park Date: Mar 1st 1933

19. UNDERTAKER: Wm Cook

(Address): 1017 St Paul St

FILED [illegible] 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 26th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to Feb 26, 1934

I last saw her alive on Feb 26, 1934 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic heart Disease	1932

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fritz J Klunzer M. D.

(Address) [illegible]

D. B. 12[illegible] E 98849 M E 98849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lutheran City Hospital St., 425-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Parker

(a) Residence: No. 2315 Ruskin St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennette Parker

DATE OF BIRTH (month, day, year) July 4, 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Draftsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Decorating Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northboro Mass

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Jennette Parker

(Address) 2315 Ruskin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Feb 28th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] 19[illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Unknown, 19 , to , 19

I last saw h (alive on Unknown, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left femur & fibula	
Cerebral Hemorrhage	
Other contributory causes of importance:	
Arteriosclerotic Dementia	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 23, 1934.

Where did injury occur? Boston & Sidney Sts.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Accident

Manner of injury Struck by auto while

Nature of injury walking across street.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Storey, Coroner, M. D.

(Address) 2226 E Madison St.

M. D. B. 1284 E 98850 E 98850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 N. Glover St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Walz

(a) Residence: No. 137 N. Glover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Geo Walz

6. DATE OF BIRTH (month, day, year) Sept 27th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William Urbin

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Augusta Bender

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lena Robinson

(Address) 137 N. Glover St

18. BURIAL, CREMATION, OR REMOVAL

Place Fairfield Date Mar 2nd 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E Fairmount St

20. FILED ..... 19..... ..... Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 - 1934 to Feb 27 1934

I last saw her alive on Feb 27 1934 Death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	2/20/34
Chronic myocarditis	2 years
Cardio-vascular-renal disease	8yrs.

Other contributory causes of importance:

arterial hypertension —

Name of operation — Date of —

What test confirmed diagnosis? usual phy exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis E. Krumeich M. D.

(Address) 722 N Glenwood Ave

M. D. B. 1268-0

E 98851 ✓ E 98851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2031 W. Balto St. 20-21 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha K. Hennings

(a) Residence: No. 2031 W. Balto St., ... Ward.
(Usual place of abode) Life (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of Stephan Hennings

7. DATE OF BIRTH (month, day, year) Feb 22nd 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	0	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Nov 1903

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Eberhard Hoerthorn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Weisseker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs J. A. Tehn

(Address) 2031 W. Balto St

18. BURIAL, CREMATION, OR REMOVAL Place Edmondson Cemy Date 2/1, 34

19. UNDERTAKER Wellington Bros

(Address) 1217 St Paul St

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1933 to Feb 26, 1934

I last saw her alive on Feb 26 1934 Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Contributory Oct 30, 33	

Other contributory causes of importance: none

Name of operation none Date of ...

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John A Leitscher M. D.

(Address) 12 E Eager St Baltimore

D. B 1268-9

E 98852

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98852

CERTIFICATE OF DEATH

118

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Madison Ave St., 4-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Walter E. Moss.

(a) Residence: No. 1823 Madison Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jennet Moss.

DATE OF BIRTH (month, day, year) May 14-1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0/0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

BIRTHPLACE (city or town) (State or country) Phila Pa

12. NAME Wm Moss. Va

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Estena Winder Va

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Jennet Moss

(Address) 1823 Madison Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Feb 28th 1934

UNDERTAKER Chenault & Gardner

(Address) 2101 N. Eutaw St.

FILED Feb 1 19 34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19..., Death is said to have occurred on the date stated above at ... M.

The principal cause of death and related causes of importance were as follows:

Disease or condition

Acute Indigestion

Thrush.

Other contributory causes of importance:

Error of diet

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Chas. E. Buck Coroner, M. D.

(Address)

Spec.—1-30—M. & T.—250 Bks.

E 98853

E 98853

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 957 N. Chapel ST. 7-01 WARD)

2-FULL NAME Nettie Saunders

(a) RESIDENCE NO. 957 N. Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ruby Coulbourn Saunders

DATE OF BIRTH (month, day, and year) Oct. 4 1887

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	4	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John Henry Adkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Alveta Hilliard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

Informant Lena Stout

(Address) 2568 McCulloh St

Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24. 34

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1934, to Feb 24, 1934,

that I last saw h.... alive on Feb 24, 1934,

and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows:

Hypertension

Cerebral Hemorrhage

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. exam.

(Signed) W. L. Bevley, M. D.

, 19 (Address) 1420 N. Chapel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL 2-28 1934

20 UNDERTAKER Byron & Manning & Wright

ADDRESS 218 McCulloh St

H. D. B. 1268-9

E 98854

8854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Wright

(a) Residence: No. 103 W. Balto St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6-13-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME James L. Wright

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary L. Baker

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs. D. C. Holdren

(Address) Rockville, Md

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 2/28, 1934

UNDERTAKER F. F. Newell

(Address) Pikesville, Md.

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edgar Zeller M. D.
Coroner

(Address) 1737 Eastern Ave.

E 98855

M. D. B. 1268-B

98853
28383

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 107-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. 282383 St., 16-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Woods

(a) Residence: No. 909 Wilmington Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2/8/32

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	2		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (none)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Frederick Woods
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lillian Bessmell
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date March 1 1934

19. UNDERTAKER Dent Sisters
(Address) 916 Pa ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/25/34 . 19.... to 2/26/34 . 19....
I last saw h[illegible] alive on 2/26/34 . 19.... Death is said to have occurred on the date stated above, at 10-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia, nutritional (secondary)	3 days
Pneumonia, bronchial	5 days
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Mary I Hurley M. D.
(Address) Johns Hopkins Hosp

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38856 E 98856

Registered No. 97

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1754 Clarkson St. 23-61 Ward)

Length of residence in city or town where death occurred 63 yrs. 2 mos — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Wright

(a) Residence: No. 1754 Clarkson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) March 11 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

13. NAME Thomas E. Wright

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

15. MAIDEN NAME Catharine Harrison

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT William E. Rites

(Address) 1754 Clarkson St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date March 3 1934

19. UNDERTAKER Jos Jourdens & Son

(Address) 2173 E. Pratt St

FILED FEB 28 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1934 to Feb. 28 1934.

I last saw him alive on Feb. 27 1934 death is said to have occurred on the date stated above, at 1.4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Indefinite	
Other contributory causes of importance: Acute dilatation of heart	2/28/34

Name of operation None Date of

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Campbell M. D.

2/29/34 (Address) 1644 Harlem Ave

M. D. B. 1268-9

E 98857

98857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5302 Springlake Way. St., 27-A Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? 65 yrs. mos. ds.

2. FULL NAME Ernest Ritterhoff.

(a) Residence: No. 5302 Springlake Way St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Mary Ritterhoff

6. DATE OF BIRTH (month, day, year) Mar. 4. 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware & Plumbing

10. Date deceased last worked at this occupation (month and year) Jan. 1934

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Syke, Hanover Germany.

13. NAME Frederik Ritterhoff.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Gretchen Fischer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ernest F. Ritterhoff (Son)

(Address) 5302 Springlake Way

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Feb. 28. 1934

19. UNDERTAKER Geary Sons & Sons Inc. Geary F. Sander

(Address) Pratt near St. & Broadway.

20. FILED 1934 Huntington Whitney, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 18. 1934 to Feb 25. 1934

I last saw h... alive on Feb 24 1934 Death is said to have occurred on the date stated above, at 5.35 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset

Other contributory causes of importance:

arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Semmes, M. D.

(Address) 4706 Harford Rd

M. D. B. 1268-9

E 98858

98858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1934

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., W. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo Harry Nusbaum

(a) Residence: No. Union Bridge Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Nusbaum

6. DATE OF BIRTH (month, day, year) May 6 - 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Md

MOTHER FATHER

13. NAME Harry Nusbaum

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Carrie Nusbaum

16. BIRTHPLACE (city or town) (State or country) Thurmont Md

17. INFORMANT Harry Nusbaum

(Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Deer Park Cem Date Mar 2 1934

19. UNDERTAKER Raymond F Wright

(Address) Union Bridge Md

Filed Mar 3 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1934 to Feb 28 1934

I last saw h/ alive on Feb 28 1934 Death is said to have occurred on the date stated above, at 12:50 P m

The principal cause of death and related causes of importance were as follows:

C V S Syphilis — Date of onset

Other contributory causes of importance: Uraemia Reaction — 2/20/34

Cerebral hemorrhage

Name of operation Non — Date of

What test confirmed diagnosis? Path — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) J. Francis Warren M. D.

(Address) University Hospital

D. B 1268-9

98859 E 98859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 W. Lanvale St., 19-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sadie F. Hall.

(a) Residence: No. 1305 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Clifford C. Hall

DATE OF BIRTH (month, day, year) May 8 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	66	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Henry Smith

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

INFORMANT Edmond Hall

(Address) 1305 W. Lanvale St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/1-34

UNDERTAKER Robert Brooks Sons

(Address) Eutaw & Hollins Sts

FILED 2 8 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 26-34
Edema of Lungs	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 So Broadway

E 98860

M. D. B 1268-9

98860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Eleanor Bishop

(a) Residence: No. 5001 Ross Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): widow

6a. If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND OF~~ (or) WIFE of William H. Bishop

6b. DATE OF BIRTH (month, day, year) June 10, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George T. Evans

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Annie Madigan

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Arthur Albaugh

(Address) 5001 Ross Rd Hamilton

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 1st 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Register Number

20. FILED 19 (Registrar.)

FEB 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/15/34 19 to 2/26/34 19

I last saw h & r alive on 2/26/34 19 Death is said to have occurred on the date stated above, at 7 50 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration.	
Carcinoma of uterus	

Other contributory causes of importance:

Phlebitis rt. leg. & ulcer rt. inguinal region	
arterio-sclerosis	
Carcinoma of uterus	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Burns M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 98861

98861 282247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patricia Lutz.

(a) Residence: No. 1326 Aisquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4. 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7 19.	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ashcio Lutz

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Rittmann

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/2 19 34

19. UNDERTAKER The Cook-Powell
(Address) 217 E. Pratt

20. FILED 1934 Thurston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb-19- 1934 to Feb-27- 1934

I last saw h.. alive on Feb-27 1934 Death is said to have occurred on the date stated above, at 930 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neuroblastoma - metastases	immed.

Other contributory causes of importance: over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) James L Hulet M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

E 98862

28428

28 98862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., E-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary Ann Mergeman

(a) Residence: No. 1721 Rutland Ave St., ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Mergeman

6. DATE OF BIRTH (month, day, year) 8/31/1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William O'Leary

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Lacy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Reeds
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Name Cathedral Date 3/2 19 34

19. UNDERTAKER H. M. Cook & Bro
(Address) 1211 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

28 1034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27 19 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 19 34 to Feb 27 19 34

I last saw her alive on Feb 27 19 34 Death is said to have occurred on the date stated above, at 8 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 6 1934
Emphysema	"
Myocardial insufficiency	

Other contributory causes of importance:
Arteriosclerosis & hypertension
Obesity.

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Josef I Bergmeyer M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 98863

98863 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

16-01 107-001

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (~~Baltimore~~ City Hospital St., 16 Ward)

Length of residence in city or town where death occurred ~~Life~~ ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Achey

(a) Residence: No. None St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 24, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Chas F. Achey

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME S. Chitar ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records
(Address) Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Date Mar 2 1934
Place

19. UNDERTAKER W M Cook
(Address) 121 S Paca St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1932 to Feb 28 1934

I last saw h[illegible] alive on Feb 28 1934 Death is said to have occurred on the date stated above, at 1-45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 week

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
Dr ..... If so, specify .....

(Signed) T. P. Magiel M. D.

(Address) Baltimore City Hosp

M. D. P. 1268-9 E 98864

HEALTH DEPARTMENT—CITY OF BALTIMORE E 98864

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Kildaire Drive St. 27-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna G. Bankert

(a) Residence: No. 2800 Kildaire Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Bankert

6. DATE OF BIRTH (month, day, year) Aug 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Madonna Maryland

FATHER

13. NAME Leonard Frasch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Leonard T Bankert.
(Address) 2800 Kildaire Drive

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date March 1, 1934

19. UNDERTAKER George J. Kuth Inc
(Address) 2135 Harford Ave

20. FILED 1934 Registrar

28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1933 to Feb 25 1934

I last saw h alive on Feb 25 1934 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis Infect
Chr. Interstitial Nephritis
Hypostasis

Date of onset

Other contributory causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? A Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyla W. Foley M. D.

(Address) 6703 Hayfield Rd

M. D. B. 1268 E 98865 E 98865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen Hosp S. D Ward)

Length of residence in city or town where death occurred 37 yrs. 2 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Ella May Trust

(a) Residence: No. 1603 Darley ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Herman Trust Jr.

6. DATE OF BIRTH (month, day, year) 11/28/1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Wm. Pace.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Nellie McEntee

16. BIRTHPLACE (city or town) (State or country) Richmond

17. INFORMANT Herman Trust Jr.
(Address) 1603 Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL 3/1/34
Place Par Removal Cem. Date ..... 19...

19. UNDERTAKER Forrest Smith & Son
(Address) 22 W Lafayette Ave Balto

20. FILED MAR 1 1934 Wm. H. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1934 to Feb. 26, 1934

I last saw h.er alive on Feb. 26, 1934 Death is said to have occurred on the date stated above, at 5:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb. 13th
Other contributory causes of importance:	
Cardiac Failure	Feb. 25

Name of operation None Date of .....

What test confirmed diagnosis? Exam of Sputum + Typed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, when? .....

(Signed) Leon Aaknan M. D.

(Address) West Baltimore Gen Hospital

M. D. H. 1268-9 E 98866 E 98866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 Ridgely Street St., 21-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard F. Kohlhoff

(R) Residence: No. 1144 Ridgely Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zeta (Maher) Kohlhoff

6. DATE OF BIRTH (month, day, year) Aug. 26, 1867

AGE Years	Months	Days	If LESS than 1 day, 4 hrs. or 1 hr. min.
66	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman Kohlhoff

(Address) 324 E. 21st Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date March 2, 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible], 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible], to [illegible], 19[illegible]

last saw h[illegible] alive on [illegible], 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

M. D. B. 1268-6 B 08867 E 9886 08867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X107-001

1. PLACE OF DEATH Maryland General Hospital Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 11-6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel D. Goodrich

(a) Residence: No. Owings Mills, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Garland D. Goodrich.

14. BIRTHPLACE (city or town) (State or country) Royal Center Ind.

15. MAIDEN NAME Elva Reed Shunk.

16. BIRTHPLACE (city or town) (State or country) Tippecanoe Ind.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place All Saints Cem. Date 3/3/34

19. UNDERTAKER Berryman & Sons.
(Address) Reisterstown Md.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28- , 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-28- , 1934 to 2-28- , 1934

I last saw him alive on 2-28 , 1934 Death is said to have occurred on the date stated above, at 10.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2-26-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Emil Novak M. D.
(Address) Md. Gen. Hospital

B 20 1934 Registrar's Office

6

E 98868

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98868

CERTIFICATE OF DEATH

V 190

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 820 Kilmot St., 10-01 Ward)

Length of residence in city or town where death occurred Unknown yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Thomas Wallace

(a) Residence: No. State Sanatorium, Md. (Sabill sville) St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	single

3. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hospital Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sabillisvile

10. Date deceased last worked at this occupation (month and year) Apr 1933

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas Wallace

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Mary Donnelly

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Joe M Bollinger (Bro-in-law)

(Address) 2011 Roob St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 3rd 19 34

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Ave

MAR 1 - 1934 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exposure & Alcoholism	
to Cold	
(Found in empty house)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jos M Bollinger M. D.

(Address) 508 E Monument

M. D. E 98869

E 98869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. Ward)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 13 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roberta Lou Schuchman

(a) Residence: No. 1238 Greenmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 15, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Robert H Schuchman

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Alice Lowery

16. BIRTHPLACE (city or town) (State or country) Easton Md

17. INFORMANT Charles Kusch

(Address) 2722 Fenwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 3/1 19 34

19. UNDERTAKER Wm Cole

(Address) 1212 St Paul St

20. FILED 3-1 19 34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1934 to Feb. 28. 1934

I last saw her alive on Feb. 28. 1934 Death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Fulminating Bronchial Pneumonia	Feb 26, 34
	do
	do

Other contributory causes of importance:

Cardiac Failure — Several hours duration

Bronchoscopic examination performed

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Leon A. Schuman, M. D.

(Address) West Baltimore General Hospital

3-1-1934

M. D. B. 1268-9

E 98870

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98870

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 Ridgwood Road St., 27-01 Ward)

Length of residence in city or town where death occurred 1/0 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Daniel Banks Dorsey

(a) Residence: No. 209 Ridgwood Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widow

6a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Elizabeth Stockton

6. DATE OF BIRTH (month, day, year) Aug. 16, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

MOTHER FATHER

13. NAME Richard Dorsey

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Margaret Banks

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Robinson C. Pagon
(Address) 209 Ridgwood Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Feb 3/1/34 19...

19. UNDERTAKER Schaffenstall Sons
(Address) 1900 Eutaw Place

20. FILED MAR 1 - 1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1933 to Feb 27, 1934

I last saw h.im alive on Feb 24, 1934. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Sclerosis	
Hemiplegia Pt.	1929
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Hamler Jr. M. D.

(Address) Warrington Apts.

E 98871

M. D. H. 1948-9 E 98871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Linden Ave St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frieda J.Holland

(a) Residence: No. 1305 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jackson Holland

7. DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Gernany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Pleasants
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mounr Date 3-1-34 . 19

19. UNDERTAKER John J. Murchall Sons
(Address) 1900 Eutaw Place

20. FILED MAR 1 1934 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 . 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Chuck Coroner . M. D.

(Address)

Spec.—9-30—A. A. Co.—250 Blks

E 98872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 345 S. Fulton Ave. 22-01 WARD)

2 FULL NAME Cornelia J. Machen

(a) RESIDENCE NO. 345 S. Fulton Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 30, 1852.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas J. Machen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Eliza Grimes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Mrs. Charles F. Kerr, 345 S. Fulton Ave.

15 Filed 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27-1934

17

I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1934, to Feb 26, 1934

That I last saw her alive on Feb. 26, 1934

And that death occurred, on the date stated above, at 12:20 p.m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis
Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Anthony F. Bullwinkel M. D.

Feb. 28 19 34 (Address) 37 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk. DATE OF BURIAL 3/1/ 1934.

20 UNDERTAKER Harry F. Pritzlaff ADDRESS 4101 Edmondson Ave

Spec.—1-30—M. & T.—250 Bks.

E 98873

E 98873

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-002

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Lyman Ave ST. 27-01 WARD)

2-FULL NAME Mary Eaton Sedwick

(a) RESIDENCE NO. 402 Lyman Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced (HUSBAND of or) WIFE of Charles R. Sedwick

7 DATE OF BIRTH (month, day, and year) June 11, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

10 NAME OF FATHER Mr. Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Martinsburg W. Va.

12 MAIDEN NAME OF MOTHER Mary Moler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Martinsburg W. Va.

Informant W. Easton Sedwick

(Address) 402 Lyman Ave. City

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 27, 1937

17 1st visit.

I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

that I last saw he as alive on Feb 27th, 1937,

and that death occurred, on the date stated above, at 10:10 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ... yrs. Few hours mos ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - many years

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) Lewis P. Sedwick, M. D.

2-27, 1937 (Address) 3006 31st St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park.

DATE OF BURIAL 3/3/37

20 UNDERTAKER Harry H. Waltze ADDRESS 4101 Edmondson Ave

M. D. P. 124 E 98874 ✓ E 98874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 664 W. Lexington St. 4-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert M. Brown

(a) Residence: No. 664 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Brown (nee Denhard)

6. DATE OF BIRTH (month, day, year) Nov. 1, 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 65

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cooley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. Elizabeth Brown 664 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemty. Date March 1, 1934

19. UNDERTAKER (Address) Harry T. Wittle 4101 Edmondson Ave.

20. FILED, 19 Registrar

MAR 1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 - 1934 to Feb 1934 last saw him alive on Feb 25 1934 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	
Other contributory causes of importance: X	

Name of operation none Date of X

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

X If so, specify

(Signed) R Van Williams M. D.

(Address) 3200 Loyola

E 98875

HEALTH DEPARTMENT—CITY OF BALTIMORE E 98875

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 603 Smithson ST. 14-21 WARD)

2-FULL NAME Benjamin Davis

(a) RESIDENCE NO. 603 Smithson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia T. Davis

6 DATE OF BIRTH (month, day, and year) July 10 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47 48	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 640

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John M. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Julia White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Julia T. Davis Wife

(Address) 603 Smithson St

15 Filed 1934 [illegible] Washington [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-26- 1934

17 I HEREBY CERTIFY, That I attended deceased from 2-15- 1934, to 2-26- 1934

that I last saw h[illegible] alive on 2-26- 1934

and that death occurred, on the date stated above, at 9 30 p.m.

The CAUSE OF DEATH* was as follows:

1 Cardio-Renal-Vascular Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) George C Box M. D.

, 19 (Address) 516 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 3/1 1934

20 UNDERTAKER Samuel J. Hemsley

ADDRESS 538 W Fiddle St

E 98876 ✓ E 98876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 1069 W. Lexington ST. 18-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Ringgold

(a) RESIDENCE NO. 1069 W. Lexington ST., — WARD —

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifteen mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Ringgold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Basina Chew

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Julia Jane Eley 1069 W. Lexington St.

15 Filed, 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1934

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934 to Feb 28, 1934, that I last saw h[illegible] alive on Feb 27th, 1934, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Chronic interstitial nephritis

"Chronic"

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard S. French, M. D.

2/28, 1934 (Address) 2379 Arunah Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL 3/3 1934

20 UNDERTAKER Samuel J. Hemsley — ADDRESS 518 W Biddle St

M. D. B. E 98877 E 98877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

172-002

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) 1317 Argyle Ave. (St.) 17-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Brown
(a) Residence: No. 1317 Argyle Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
DATE OF BIRTH (month, day, year): July 14 1904
AGE: Years 29 | Months 7 | Days 6 | If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 140
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (City or town) (State or country): Lafayette Brown
13. NAME: Lafayette Brown
14. BIRTHPLACE (city or town) (State or country): La. Co.
15. MAIDEN NAME: Eliza Brown
16. BIRTHPLACE (city or town) (State or country): La. Co
17. INFORMANT: Jos Redding
(Address): 1317 Argyle Ave
18. BURIAL, CREMATION, OR REMOVAL
Place: National Cem Date: 3/2 19 34
19. UNDERTAKER: Samuel F. Kemsley
(Address): 1214 W. Biddle St.
FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27th 1934
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	
(Focal)	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...
24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Lash Coroner, M. D.
(Address) Coroner

M. D. H. 1268-A

E 98878 V E 98878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 15

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 10 Ward)

nonresident

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Frye

(a) Residence: No. 6910 Ridgeway Ave. Dundalk Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 20, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Howard Frye

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME Not obtained

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Howard Frye

(Address) Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place Md Med College Date Mar 1 1934

19. UNDERTAKER

(Address)

20. FILED Mar 1 1934 Registrar.

0157

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1934 to Feb 25 1934

I last saw h.m alive on Feb 25 1934 Death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas Facialis	2/4/34
Edwopathic	

Other contributory causes of importance:

Septicemia

Multiple Abscesses

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Byron G. Fell M. D.

(Address) Sydenham Hosp.

1-30—M & T—100,000 E 98879

E 98879

93-003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2028 Harlem ave ST. 16-A WARD)

2-FULL NAME Benjamin Franklin Stonesifer

(a) RESIDENCE NO. 2028 Harlem ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stonesifer

6 DATE OF BIRTH (month, day, and year) March 4-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	78	11	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Rail Road
(c) Name of employer: Employ Carroll Co Md

9 BIRTHPLACE (city or town) (State or country): Carroll Co Md

PARENTS

10 NAME OF FATHER: Ephraim Stonesifer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Arthur

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: H. Pacifer Lowe

(Address) North Ave

15 Filed ..... 192 ..... Registrar .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27th 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) F C Faick, M. D. Coroner

(Address) Feb 27

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem.

DATE OF BURIAL: Mar 2 1934

20 UNDERTAKER: Wm. J. Tickner & Son

ADDRESS: North Ave.

M. D. B. 1265-B E 98880

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98880

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 S. East ave St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie E. Betz

(a) Residence: No. 148 S. East ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Betz

6. DATE OF BIRTH (month, day, year) Nov. 7 1837

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Adam Stein

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Wahl

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Andrew J. Betz
(Address) 148 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Mar. 2, 1934

19. UNDERTAKER George T. Kinkler
(Address) 1737 E. Eager St.

20. FILED Mar 1 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1933 to Feb 27 1934

I last saw h... alive on Feb 27 1934 4:45 p.m. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	one year
Other contributory causes of importance: Secondary Anemia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) M. L. Magee M. D.

(Address) 26 E. Pratt St

M. D. B. 1265-0 E 98881 ✓ E 98881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 S. Fremont Ave. Ward) 49-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kelly

(a) Residence: No. 104 S. Fremont Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 27 1868

7. AGE: Years 65 | Months 4 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: James D. Kelly

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Mary McNulty

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Wm J. Kelly

(Address) 104 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: March 2 1934

19. UNDERTAKER: F. P. Tickert & Son

(Address) 1300 Eutaw Place

20. FILED: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/27/1934

22. I HEREBY CERTIFY, That I attended deceased from 2/10 1934 to 2/27 1934

I last saw h alive on 2/26 1934 Death is said to have occurred on the date stated above, at .30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Pylorus 6 — Date of onset 3

Other contributory causes of importance: Cachexia — 2/25

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Fitzgerald M.D.

2/28/34 (Address) 724 Medical Arts Bldg.

M. D. R. 1268 E 98882 ✓ E 98882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Franklin Otto

(a) Residence: No. 2119 Christian St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25-1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7 Mons	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry E. Otto

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rose M Synkerley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Mary Otto

(Address) 2119 Christian St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 2 1934

19. UNDERTAKER F. J. Wellhausen Son

(Address) 300 E. Lanvale Street

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 2-27-1934

22. I HEREBY CERTIFY, That I attended deceased from February 26. 1934 to February 27 1934

I last saw him alive on February 27. 1934. Death is said to have occurred on the date stated above, at 12:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2-24

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Herbst M. D.

(Address) St Agnes Hosp.

M. B. B. 1268-B E 98883

HEALTH DEPARTMENT—CITY OF BALTIMORE E 98883

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lexington & Howard St., 17-01 Ward)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl M. Crawshaw

(a) Residence: No. 503 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug. 13 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg. Co.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Milton Crawshaw

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Thos. J. Torsey, Jr.
(Address) 3234 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place LOUDON PARK Date March 2nd, 1934

19. UNDERTAKER F. D. Thumert. Son
(Address) 1300 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hit auto Spoke in back of head	
Fract. base of skull	
Mfg. Co. Ruby	
Other contributory causes of importance:	
Alcoholism & Cirrh. Liver	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb. 26, 1934

Where did injury occur? Gay St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Hit by auto Spoke in back of head

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Injury at work

(Signed) ..... Coroner ..... M. D.

(Address) 23 Federal Street

E 98884

M. D. B 1268-0

98884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Lee Selby

(a) Residence: No. 408 S Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm H Selby (Dead)

6. DATE OF BIRTH (month, day, year) Oct. 30, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Elias Hobbs

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Georgiana Hobbs

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Records (Address) Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL Springfield Cem. Date Nov. 2, 1934

19. UNDERTAKER Weer & Son Inc (Address) Catonsville Md.

20. FILED [illegible] 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934 to Feb. 28, 1934

I last saw h alive on Feb 28, 1934 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	?
Emphysema	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magruder, M. D.

(Address) Balto City Hosp

✓ E 98885

98885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lemdale Aged Home St. 27-61 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Abraham Kaplan

(a) Residence: No. Belvedere & Greenspring Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Yetta Kaplan

6. DATE OF BIRTH (month, day, year) 1862

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 645

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Superintendent
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Place Bath Hebrew Date 3-1-34 19

19. UNDERTAKER Levi Levinstone
(Address) 1434 E. Baltimore St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-11 1930 to 2-28 1934

I last saw him alive on 2-28 1934 Death is said to have occurred on the date stated above, at 10½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-1934
Arteriosclerosis	
Hypertensive cardio vascular disease	

Other contributory causes of importance:
Right inguinal hernia
Chronic bronchitis & emphysema

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin M. D.
(Address) Lemdale

Filed March 1 1934 at Union Office

M. D. B 1268-0

E 98886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98886

93-003

Registered No.

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert & 33rd St., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry W. Hitchcock

(a) Residence: No. Ravenna Apt. City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-31-66

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	28?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? of?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Israel W Hitchcock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel Mandlebaum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Beth Abraham Cy. Date March 2 1934

19. UNDERTAKER Harid Sondheim & Son
(Address) 1902 Eastern Ave

20. FILED MAR 1 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28-34

22. I HEREBY CERTIFY, That I attended deceased from 2-18-34 to 2-28-34

I last saw him alive on 2-28-34 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 2-17-34

Other contributory causes of importance:

Arteriosclerotic heart disease

Name of operation None Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Richard Franca M. D.

(Address) Union Memorial Hospital

E 98887

E 98887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 E. Preston St. 10-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna C. Ineid

(a) Residence: No. 1231 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 27 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69.	1	1.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad Meid.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Schmick

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. John A. Gerlach
(Address) 1231 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar. 3. 1934

19. UNDERTAKER Josiah Lyles
(Address) 1600 N. Gilmor

20. FILED Mar 1 1934 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1934 to Feb 28 1934

I last saw her alive on Feb 26 1934 Death is said to have occurred on the date stated above, at 9-10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	?
Coronary Thrombosis	Feb 28

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Robert Tarr Mayo M. D.

(Address) 1216 E. Fayette

M. D. B. 1268-9

Dr Cargill ✓

98888

HEALTH DEPARTMENT—CITY OF BALTIMORE

98888

CERTIFICATE OF DEATH

25

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 N Wolfe St., 9-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harold Coleman

(a) Residence: No. 910 N Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31 — 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME James E. Coleman

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Gertrude Carter

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Gertrude Coleman
(Address) 910 E Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date March 1, 1934

19. UNDERTAKER Robert E. McClain
(Address) 515 McElderry St

20. FILED MAR 1 1934, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-27-, 1933, to 2-25-, 1934
I last saw h— alive on 2-25-, 1934. Death is said to have occurred on the date stated above, at 5.50 P m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Peritonitis — Date of onset —

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Wm H Cargill M. D.
(Address) 611 McElderry

H. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98889

CERTIFICATE OF DEATH

E 98889

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 Washington Boulevard 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charmaine Griczen

(a) Residence: No. 805 Washington Boulevard Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Infant

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, year) January 4 1934

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Anna Griczin

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Lorain Klaus

(Address) 766 N Homewood Ave

BURIAL, CREMATION, OR REMOVAL

Place Bolgs Reliance Date 3/1/34 19...

UNDERTAKER Chas B Fuchauska

(Address) 637 South Paca St

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at A. ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 25-34
Bronchopneumonia	
Other contributory causes of importance: attendance	

Name of operation Inquiry Date of ... Hosp 1-34

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 So Bromley

M. D. H. 1248-9

E 98890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98890

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. 2 St., 17-01 Ward)

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Jones

(a) Residence: No. 1111 Brenton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 12, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lavinia Cross

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Fanna Jones

(Address) 1111 Brenton St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Auburn 3/1 1934

19. UNDERTAKER Daniel Easton

(Address) 916 Penna. Ave.

20. FILED MAR 1 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1934 to Feb 28 1934

I last saw h[illegible] alive on Feb 28 1934 Death is said to have occurred on the date stated above, at 1.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pertussis	Feb 18

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Latimer M. D.

(Address) Sydenham Hospital

M. D. R. 1248-9

E 98894 E 98891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No. 15 81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3717 Reisterstown Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Herman

(a) Residence: No. 3717 Reisterstown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jennie Herman

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Herman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora Berkoff

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT S. Herman
(Address) 1802 N Smallwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rogedale Date March 1934

19. UNDERTAKER S Levinson Bro
(Address) 1127 E Baltimore St

20. FILED [illegible] 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/15 1933 to 2/28 1934

I last saw him alive on 2/28 1933 Death is said to have occurred on the date stated above, at 7 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Szumby M. D.

(Address) 2820 Eutaw St.

M. D. B. 1268-9

E 98892 Ross E 98892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-01 Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wolf Ross

(a) Residence: No. 211 N. Hope St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Katie

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Benjamin Ross

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pearl —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Silverstein
(Address) 176 N. Broadway.

18. BURIAL, CREMATION, OR REMOVAL
Place Holmes Rosedale Date March 1, 1934

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E. Balto st

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/23/34 19..... to 2/28/34 19.....

I last saw him alive on 2/28/34 19..... Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	2/2/34

Other contributory causes of importance:
Arteriosclerosis
Cardiac Hypertrophy
Cardiac Dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) L. Kalzenstein M. D.

(Address) Sinai Hospital

M. D. B. 1265-A

E 38893

Gault

E 38893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 25

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 4th-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Gault

(a) Residence: No. Westminster, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster, Md

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Date 3/1 1934

19. UNDERTAKER Samuel Reynolds
(Address) 525 Middle Lane

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28/34. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-10-34 19..... to 2-28-34 19.....

I last saw him alive on 2-27-34 19..... Death is said to have occurred on the date stated above, at 12 35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William Engel Rice M. D.

(Address) Provident Hospital

E 98894

H. D. B 1268-9

8894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Townsend St. 61 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John A. Davis

(a) Residence: No. 1809 Townsend Ct St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Male~~	Colored	Married

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Nellie Davis

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ingo Auditor - Rents & Collectors
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Nellie Davis
(Address) 1809 Townsend Ct

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 3/1 1934

19. UNDERTAKER Belt & Pilgrim
(Address) 1307 Pennsylvania Ave

20. FILED MAR 1 1934 (Signed) Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25. 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on Inquest 19... Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ingo Auditor - Rents & Collectors	Feb 25-34

Other contributory causes of importance:

Arter-Sclerosis Several years

Name of operation Inquest Date Feb 28-34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 S. Howard

M. D. B. 1268-9

E 98895

98895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

Registered No. 6-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 E Fairmont Ave., St., 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank A Hallameyer

(a) Residence: No. 2403 E Fairmont Ave, St., 6 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male W	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of AnnA Hallameyer

6. DATE OF BIRTH (month, day, year) August 9.1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. collecter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Joseph Hallameyer.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Carolin Hartung.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Anna Hallameyer(Wife)

(Address) 2403. Fairmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Mar, 5, 19 34

19. UNDERTAKER Lilly + Zitler Inc.

(Address) 701 Ls Druid Hill Ave.

20. FILED ... 19 ... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933 to Feb. 28, 1934

I last saw him alive on Feb. 27, 1934 Death is said to have occurred on the date stated above, at 8 50 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene L. Cassard M. D.

(Address) 514 Drury Lane

A&Co. 5-31 250R

E 98896

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98896

CERTIFICATE OF DEATH

V 122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St., 2801 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Bopp

(a) Residence: No. Mt Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 7 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or mtn.
55	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 40
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indianapolis Ind.

MOTHER FATHER

13. NAME Edward Bopp
14. BIRTHPLACE (city or town) (State or country) Bayern Germany
15. MAIDEN NAME Catherine Daub
16. BIRTHPLACE (city or town) (State or country) Baden Germany

17. INFORMANT Katherine Bopp
(Address) Lynn at Boston Mass

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date March 3 1934

19. UNDERTAKER John Eckerd
(Address) 1001 Eutaw St

20. FILED Mar 3 1934, 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Feb 28, 1934
I last saw him alive on Feb 28, 1934 death is said to have occurred on the date stated above, at 6.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Embolism) Hours. Left Inguinal Hernia?	
Other contributory causes of importance: Acute Myocardial Decompensation.	Feb 27 1934

Name of operation None Date of
What test confirmed diagnosis Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) A. W. Donelli M. D.
(Address) 2316 Frederick Ave.

M. D. B. 1269-9

98897

E 98897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 Fine St., 70-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert R. S. Selig

(a) Residence: No. 1927 Fine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth H. Selig

6. DATE OF BIRTH (month, day, year) July 17- 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hosiery Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew L. Selig

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosalie Weinstein

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Elizabeth Selig

(Address) 1927 Fine St

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cem Date Mar 3. 1934

19. UNDERTAKER John Wenrich & Co

(Address) 2100 Pennsylvania Ave

Huntington Williams, Assistant

FILED MAR 1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/22/, 1934, to 2/28/34, 19

I last saw h[illegible] alive on 2/27/34, 19. Death is said to have occurred on the date stated above, 13-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pul Phthisis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Levy, M. D.

(Address) 410 W. Lombard

M. D. P. 1268-9

98898

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98898

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) Menlo Drive & W. M. RR. (Ward) 27 Wd

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Major Brown

(a) Residence: No. In shack on John (Usual place of abode) Menlo Drive & W. M. RR. St., ... Ward. .....
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1857

8. AGE — Years 76 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Wm Major Brown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Foltmeyer
(Address) Menlo Drive & W. M. R. R.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date Mar 1 ..... 19..

19. UNDERTAKER
(Address)

FILED ..... 19.. Registrar.

0159

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Feb 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h.. alive on Sunday Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of Death
Chronic Myocarditis 1 year	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. B. Linck Coroner, M. D.

(Address) Govans

M. D. B 1268-9

E 98899

HEALTH DEPARTMENT—CITY OF BALTIMORE

98899

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 17-01 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lena Stafford

(a) Residence: No. 502 Mobile St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 07°

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: M

14. BIRTHPLACE (city or town) (State or country): M

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): M

17. INFORMANT: Providence Hosp Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hope Cemetery Date Mar/ ..., 19...

19. UNDERTAKER

(Address) Washington Funeral Home

20. FILED Feb 15 1934, 19... Registrar.

0160

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to Pregnancy ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st 2nd degree burns. Face and neck.	
Other contributory causes of importance: Flames from gas stove blew in face	

Name of operation ... Date of ...

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external cause (violence) state in addition the following:

Accident, suicide, or homicide? Accident Date of injury Feb 19 1934

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H Black Coroner, M. D.

(Address) ...

M. D. B 1268-9

E 98900

98900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1014 Carlton St., 16-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs Sears

(a) Residence: No. 1014 Carlton St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Mulatto | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1903

8. AGE — Years 30 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) Mch

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Mrs Sears

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Emma Anton

(Address) 1014 Carlton

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19 34

19. UNDERTAKER

(Address)

FILED ... 19 ... Registrar.

0464

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia 5 Days	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) ...

M. D. P. 1268-9

98901

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98901

CERTIFICATE OF DEATH

✓ 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Moore St. 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wallace Gelmore

(a) Residence: No. 514 Moore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1933

7. AGE — Years 30 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PARENTS OR NEAREST RELATIVE

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Martha Farpel
(Address) 514 Moore St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Med College Date May 1 19 34

19. UNDERTAKER ... Commissioner Public Health.
(Address) Per WM. E. WOODALL

20. FILED ... 19 ... Registrar.

1934
0162

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on February 19 34. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Other contributory causes of importance: Syphilis	

Name of operation ... Date of ...

What test confirmed diagnosis? Regular ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Leek M. D.
Coroner

(Address) Boone

M. D. B. 1268-9

E 98902

HEALTH DEPARTMENT—CITY OF BALTIMORE

98902

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 17-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Clie Hayes

(a) Residence: No. 843 Edmondson Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lenas Hayes (dead)

6. DATE OF BIRTH (month, day, year) Oct 29, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Hayes

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Georgian Fisher

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Laboratory Date 3/1 19 34

19. UNDERTAKER Bernard P. Hemsley

(Address) 818 Edmondson Ave

20. Filed 19 Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1934 to Feb 24 1934

I last saw h alive on Feb 24 1934 Death is said to have occurred on the date stated above, at 6:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Myocardial Insufficiency & congestive failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Thagard M. D.

(Address) Balt City Hosp.

M. D. H. 1268-9

E 98903

98903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 Oxford St., 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Doris Buise

(a) Residence: No. 535 Oxford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Cau

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): June 2-1933

7. AGE: Years 8 Months ..... Days 20 If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 000

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto

13. NAME: Chas. O. Buise

14. BIRTHPLACE (city or town) (State or country): S. C.

15. MAIDEN NAME: Mary Haley

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mary Buise

(Address) 535 Oxford

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Zion Date Mar 14, 1934

19. UNDERTAKER: Elroy O. Wilson

(Address) 1000 Edmondson Ave

FILED ..... 19 ..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — 3 Days — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leavitt, M. D. Coroner

(Address) .....

M. D. B. 1968-9

98904 E 98904

HEALTH DEPARTMENT—CITY OF BALTIMORE

98904 ✓108

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Sq. Hosp. 35-21

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Sarsitis

(a) Residence: No. 2215 Wiconico St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 23, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jos Sarsitis

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Elig. Mitchell

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Jos Sarsitis

(Address) 2215 Wiconico St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/3/34 19

19. UNDERTAKER Thos E. Gregg Son

(Address) 22 E. Green St

20. FILED 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-25- 1934 to 2-27- 1934

I last saw her alive on 2-27 1934 Death is said to have occurred on the date stated above, at 9 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia left apex	
Other contributory causes of importance:	
Thrombophlebitis of both femoral veins	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Samuel Rubin M. D.

(Address) Franklin Sq. Hosp.

M. D. H. 1268-9

E 98905

8905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., [illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Jacobs or Jakubowski

(a) Residence: No. 720 N Ellwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Bertha Jacobs

6. DATE OF BIRTH (month, day, year) 2/8/1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	~~20~~	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steveldore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year) 2/2/34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Brest, Pol.

FATHER

13. NAME Michael Jacobs

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Mar 3 19 34

19. UNDERTAKER Stephen J. Trzebowski Jr.
(Address) 1022 E. Ellwood St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 19 34

22. I HEREBY CERTIFY, That I attended deceased from 2/3/34 19 to 2/28/34 19

I last saw him alive on 2/28/34 19 Death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

Stone in left ureter — Date of onset ~~2/28~~ 2/1/34
Left hydronephrosis

Other contributory causes of importance: Pulmonary Embolism — 5 min.

Name of operation Pyelotomy - left Date of 2/28/34

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raymond F. Hufford M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 98906

98906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 146

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 E 2 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marquerite Mills

(a) Residence: No. Linkwood Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Dorchester

FATHER

13. NAME John R. Mills

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Katie Hall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. M. E. Jarvis

(Address) 1430 William St. Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Date Mar 2 1934

19. UNDERTAKER Frank E. Albaugh

(Address) Cambridge Md.

20. FILED 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28- 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-19- 1934 to 2-28- 1934

I last saw her alive on 1-28- 1934. Death is said to have occurred on the date stated above, at 8:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Other contributory causes of importance:	
Lobar Pneumonia	

Name of operation Resection of Rectum Date of 2/22/34

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas Taylor M. D.

(Address) University Hospital

M. D. B. 1268-9

E 98907

98907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. x✓ 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 19 Ward)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse Inman

(a) Residence: No. 932 Wellington Ave. St., South Norfolk, Virginia Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 10-1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME John J. Inman

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Blanche E. Barnes

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Graham & Lytner

(Address) Norfolk Va

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date March 1934

19. UNDERTAKER John C. Miller

(Address) 2435 E. Olney Rd. Norfolk Va

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1934 to Mar. 1, 1934

I last saw h[illegible] alive on Mar. 1, 1934 Death is said to have occurred on the date stated above, at 12 00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intrinsic Bacterial Endocarditis	Feb. 17, 1934
Rheumatic Heart Disease	1920

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Rubin M. D.

(Address) Franklin Square Hosp.

Spec.—1-10-21—M&T—1500 Bks.

E 98908

98908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

√131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4331 Glenmore Ave ST. 26-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lew Stachnick

(a) RESIDENCE NO. 4331 Glenmore Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Stachnick

6 DATE OF BIRTH (month, day, and year): Jan 21-1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer): Furniture

(c) Name of employer: Benson & Co.

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Valentine

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Lew W. Stachnick Howard & Fullerton Ave.

15 Filed 1-1934, 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1 19 34

17 I HEREBY CERTIFY, That I attended deceased from Feb 17, 1934, to Feb 28, 1934.

that I last saw him alive on Feb 25, 1934.

and that death occurred, on the date stated above, at 4 45 P. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Cystitis

C. P. Nephritis

(duration) 3. yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardio-Vascular

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms

(Signed) Samuel A. Gut, M. D.

4/1, 19 34 (Address) 6801 Liberty Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Apr 3rd 19 34

UNDERTAKER: Kettrow & Sons

ADDRESS: Catonsville

M. D. B 1268-9

E 98909

98909 281605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X V 131

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dessie Schurman

(a) Residence: No. Pope Ave. Stemmers Run St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) 7/6/1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Joseph Simpson

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Anna Ward.

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records. JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Date 3/2 1934

19. UNDERTAKER John G. Connelly
(Address) Funeral Director Hampden Baltimore, Md.

20. Filed 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934 to Feb 28 1934

I last saw h[illegible] alive on Feb 28 1934 Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Sept 1933
Vascular chronic nephritis	" "
Myocardial insufficiency	" "

Other contributory causes of importance:

Arteriosclerosis, hypertension	1927

Name of operation none Date of —

What test confirmed diagnosis? NPN, x-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joel J. Bergmeyer M. D.
(Address) Johns Hopkins Hospital

E 98910

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98910

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2121 W. Fairmount Ave. 20th Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Katie Eckman

(a) Residence: No. 2121 W. Fairmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Eckman

6. DATE OF BIRTH (month, day, year) Oct. 14 — 1867

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	67	—	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Theodore Woodall

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Susanna Watkins

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Harry Eckman

(Address) 2121 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Nov. 2nd 1934

19. UNDERTAKER George L. Schwab

(Address) 2101 Frederick Ave

20. FILED NOV 2 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 1934

I HEREBY CERTIFY, That I attended deceased from June 1- 1933 to 2/28 1934

I last saw h er alive on 2/28 1934 death is said to have occurred on the date stated above, at 3 35 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum, Bladder	1933

Other contributory causes of importance:

Name of operation Exploration Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos A Eaton M. D.

(Address) 2145 W Balto

M. D. B. 1258-e

E 98911

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98911

CERTIFICATE OF DEATH

V 186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward Little

(a) Residence: No. 525 N. Madeira St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, year) Jany 29/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	72	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward Little

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Sarah Sullivan

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Miller & Son

(Address) Jefferson & Montford

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 3-3-34 19

19. UNDERTAKER Mrs C Miller & Son

(Address) 2324 Jefferson St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9.20 P. M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	? ? ?
Chr Cystitis & Pyelitis	? ? ?
General Arteriosclerosis	
Other contributory causes of importance: Fracture right Hip	Dec 14/33

Name of operation ... Date of ...

What test confirmed diagnosis? Xray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Dec 14/33

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell in yard on ice at his home

Manner of injury 525 N. Madeira St

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

M. D. B. 1955-4 E 98912 ✓ E 98912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1225 N. Luzerne St., 401 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 1 mos. ds. How long in U. S. If of foreign birth? 75 yrs. mos. ds.

2. FULL NAME William Gunther

(a) Residence: No. 1225 N. Luzerne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Augusta Gunther

6. DATE OF BIRTH (month, day, year) May 3 - 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired Paper Mill

10. Date deceased last worked at this occupation (month and year) 1926 May.

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wm Gunther

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Violet Gunther

(Address) 1225 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cy. Date Mar 3rd 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED MAR 2 - 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 1 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to MAR 1 1934, 19

I last saw h... alive on MAR 1 1934, 19... Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Penis & Bladder	1 Yr
Other contributory causes of importance:	
Toxic Absorption	3 Days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Lawrence Cook M. D.

(Address) 413 N. Washington

M. D. B. File E 98913

E 98913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. 27461

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. of Md Hosp St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William R. Bowers

(a) Residence: No. 3711 Pelona Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or ~~WIFE of~~) Lillian E. Bowers

6. DATE OF BIRTH (month, day, year) Aug 7th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carriages

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William T. Bowers

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William T. Bowers

(Address) 3 Paradise Park Towson, Md

18. BURIAL, CREMATION, OR REMOVAL Place Pine Ridge Date 3/3 1934

19. UNDERTAKER W. M. Cook Co

(Address) 1217 E. Fort Ave

20. FILED MAR 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/27 1933 to 2/28 1934

I last saw h~~im~~. alive on 2/28 1934. Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder	
Other contributory causes of importance:	

Name of operation Abdominal Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. P. Thrower M. D.

(Address) Govt. Hosp.

M. D. F. 1939 E 98914

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98914

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen A. Stevenson

(a) Residence: No. 1221 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph T. Stevenson

6. DATE OF BIRTH (month, day, year) Nov 14/1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	3	15 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William T. Waugh

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Sarah A. Sroud

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jesse C. Waugh
(Address) 1221 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Mar 3rd 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy, 18 hrs	Feb 28/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] Coroner, M. D.

(Address) 508 Druid

M. D. B. 1269-A E 98915

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98915

94-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Agnes Hospital St. 20-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Thomas McAdams

(a) Residence: No. 3323 Fredrick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Margery McAdams

6. DATE OF BIRTH (month, day, year) September 2 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Yardman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Peter McAdams

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Cecelia Donohoue

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Margery McAdams
(Address) 3323 Fredrick Ave

18. BURIAL, CREMATION, OR REMOVAL
St Pat Cathedral Date 2/3 1934

19. UNDERTAKER Wm Cook
(Address) 1217 Eastern

20. FILED 2-4-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus	Feb 28-34

Other contributory causes of importance:

Angina Pectoris about 4 months

Name of operation Inquiry Date of operation August 1-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 So Broadway

M. D. B. 1968-9

E 98916

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98916

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 S Milton Ave St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? 83 yrs. mos. ds.

2. FULL NAME MR. FREDERICK KEGEL

(a) Residence: No. 830 S Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of BARBARA KEGEL

6. DATE OF BIRTH (month, day, year) FEB 11, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1914

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME Conrad Kegel

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME MARGERET STRAUS

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MR GEORGE McCORD

(Address) 832 S. MILTON AVE

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 3/3 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED MAR 2 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from DEC 15, 1933 to FEB 26, 1934

I last saw h.. alive on FEB 16, 1934. Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
GENERALIZED ARTERIOSCLEROSIS	
CHRONIC GASTRITIS	
CHRONIC ARTHRITIS	
CHRONIC MYOCARDITIS	
MYOCARDIAL FAILURE	Feb 27
Other contributory causes of importance:	
BRONCHO PNEUMONIA	Feb 20 PM

Name of operation NONE Date of

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) E. Schumacher M. D.

(Address) 842 East Ave

M. D. B. 1268

E 98917

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98917

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 McKewin St., 27-01 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet A. Buck

(a) Residence: No. 607 McKewin St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. W. Buck

6. DATE OF BIRTH (month, day, year) Oct 20, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo. Thompson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Sarah Hargrave

16. BIRTHPLACE (city or town) (State or country) Stockport Conn.

17. INFORMANT Minnie Buck

(Address) 607 McKewin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 3/3 1934

19. UNDERTAKER Wm. Cook

(Address) 2200 Pennsylvania Ave

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1934 to Mar 1 1934

I last saw h alive on Feb 28 1934 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency (Myocardial)	7
Other contributory causes of importance: Broncho Pneumonia	2 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elmer Emerson M. D.

(Address) 718 N. Pattison St Ave

Cor—11-9 Aug E 98918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98918

93-003

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 323 S. Leigh St., (Ward) 26-01

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore McElwee

(a) RESIDENCE NO. 323 S Leigh St. Ward 26-01

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary McElwee

6 DATE OF BIRTH (month, day, and year): July 29, 1879

7 AGE: Years 64 Months 6 Days 29 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: William McElwee

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary A Owens

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Md

14 Informant: Theo. McElwee

(Address): 323 S Leigh St

15 Filed ....., 19 .....

.....Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

(Signed) C. J. Heagney M. D.

(Coroner)

, 19 (Address) 1 E Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos.. ....ds. In the State ....yrs.. ....mos.. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — Date of Burial: Mar 2nd 1934

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

very important. See instructions on back of certificate.

M. D. B. Form 9. E 98919 ✓ E 98919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 Ashland Ave St., 7-01 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Leroy Green

(a) Residence: No. 1644 Ashland Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-8-1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
13	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER FATHER

13. NAME Isiah Stewart

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Gertrude Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sarah Collins
(Address) 1644 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem. Date 3-2- ... 1934

19. UNDERTAKER Byron & Manning Wright
(Address) 12 B. McElderry St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933 to Feb 27 1934

I last saw him alive on Feb 26, 1934 Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilat. lobar Pneumonia	Feb 15, 1934
Other contributory causes of importance: Encephalitis & Convulsions	Sept 1933
Surgery: Tonsilectomy	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R J Young M. D.

(Address) 1429 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

V—8 3

M. D. B. 1263-9

E 98920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98920

CERTIFICATE OF DEATH

181

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewis Smalls.(C)

(a) Residence: No. 202 N. Dallas St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of [illegible] Margaret Smalls.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	----------	----------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 640

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eastern Rolling Mills

10. Date deceased last worked at this occupation (month and year) Feb. 22/34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina.

FATHER

13. NAME Archie Smalls.(C)

14. BIRTHPLACE (city or town) (State or country) South Carolina.

MOTHER

15. MAIDEN NAME Ellen--------(C)

16. BIRTHPLACE (city or town) (State or country) South Carolina.

17. INFORMANT Margaret Smalls.(C) wife.

(Address) 202 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Center Date March 5 1934

19. UNDERTAKER Edward Bryan

(Address) 1631 orleans st

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd & 3rd decree burns of head, neck and arms. Caused by hot ashes falling on him. Occidental Death.	

Other contributory causes of importance:

Toxaemia.

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/22/34 19...

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry.

Manner of injury Falling hot ashes.

Nature of injury Burns.

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) Otto M. Reinhardt Coroner M. D.

3/1/34 (Address) 1017 N. Charles st.

M. D. B. 1268-9

E 98921 ✓ E 98921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital (Ward)

Registered No. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ronald Ball

(a) Residence: No. 3535 Kenwick Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 1st 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Oscar Ball

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Gertrude Cawert

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Oscar Ball
(Address) 3535 Kenwick Road

18. BURIAL, CREMATION, OR REMOVAL
Mt. Olivet Cemetery Date May 3, 1934

19. UNDERTAKER Ehrenworth Bros
(Address) 3615 Chestnut Ave

20. FILED, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1934 to March 1st, 1934

I last saw him alive on March 1st, 1934. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	
Bronchopneumonia	Feb 26

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Maurice E Bozzel M. D.

(Address) Sydenham Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-2

E 98922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98922

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 N. Central ave St. 10-01 (Ward)

Length of residence in city or town where death occurred 84 yrs. 5 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline L. Sparrer

(a) Residence: No. 1025 N. Central ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter A. Sparrer

6. DATE OF BIRTH (month, day, year) Sept. 3 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Loesch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Md. ?

17. INFORMANT Mrs. Frank A. Gelbert

(Address) 1025 N. Central ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 3 1934

19. UNDERTAKER Harry Hoyt & Sons, Inc.

(Address) 1301 E. Eager st.

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 1 1934 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1934 to Mar. 1 1934

I last saw h alive on Feb. 28 1934 Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Acute Cardiac Dilatation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Sigel Fittman M. D.

(Address) 1306 E. Lanvale

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1768-A

E 98923 ✓ E 98923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hospitals 10-01 (Ward)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Rapprecht

(a) Residence: No. 1302 E. Eager St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Rapprecht (dead)

6. DATE OF BIRTH (month, day, year) Dec 2, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place West Holy Redeemer Cem. Date March 5, 1937

19. UNDERTAKER Henry Koch Sons, Inc (Address) 1201 E Eager St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1937 to March 1, 1937

I last saw h alive on March 1, 1937 Death is said to have occurred on the date stated above, at 7:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia, right (old)	?
Bronchopneumonia	4 days

Other contributory causes of importance:

	4 mos

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T P Magill, M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible] E 98924 ✓ E 98924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (Ward) 14-06

Length of residence in city or town where death occurred 30 yrs. mos. 5 ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Anna Macklin

(a) Residence: No. Old Harford Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louis Macklin

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Rosedale Cemetery Date 3/2/34 19

19. UNDERTAKER Chas. P. Lewis Sons
(Address) 1439 E. Baltimore St.

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1934 to March 1 1934

I last saw her alive on March 1 1934. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	
Chronic myocarditis	
varicose ulcers	
decubitous ulcers	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan Rasusin M. D.

(Address) Franklin Square Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. 8-1261A

E 98925 ✓ M E 98925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin E Young

(a) Residence: No. Woodstock, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) June 7, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	8	3/22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas C. Young

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Young ?

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Thomas C. Young
(Address) Woodstock, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls Cemetery Date Mar 5. 1934

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. FILED MAR 2 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from ungiy 19 . to 19

I last saw h alive on ungiy 19 Death is said to have occurred on the date stated above, at 9.05 P in

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

automobile Accident

Name of operation nil Date of ✓

What test confirmed diagnosis? nil Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3 1 1934

Where did injury occur? Woodstock Rd at Woodstock
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Sleigh, he was coasting

Nature of injury upon struck an automobile

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Cheney, M. D.
Coroner

(Address) 1226 E Madison St.

M. D. [illegible] E 98926

✓ E 98926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] La Salle. Ave. St., [illegible] Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Publow

(a) Residence: No. 3837 Talbot Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surveyor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 8 6

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John J. Publow

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mary Shipley

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT John J. Publow
(Address) 3822 Talbot Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/2 1934

19. UNDERTAKER John F. Thomas
(Address) 3222 E. Balto St.

20. FILED [illegible] 19 [illegible] Registrar

MAR 2 - 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 1934 to Feb. 27 1934

I last saw h. alive on Feb. 27 1934 Death is said to have occurred on the date stated above, at 9:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	2/12/34
Peritonitis	2/23/34

Other contributory causes of importance:

Name of operation Appendectomy Date of 2/12/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) D. McI. Cuppia M. D.

(Address) La. Balto. Gen. Hosp.

M. D. [illegible]

E 98927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98927

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1128 N. Parish St. 16-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jas Paul

(a) Residence: No. 1128 N. Parish St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	52		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O'Donnell

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Hester Paul

14. BIRTHPLACE (city or town) (State or country) Howard Co [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Havana Lee
(Address) 1622 Division

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 3/3 19 34

19. UNDERTAKER Thomas E. Kelson
(Address) 1353 Eastman st

20. FILED ... 19 ... Registrar

MAR 2 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1st 19 34

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

Was death due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. E. Lush Coroner, M. D.

(Address)

M. D. B. 1268-9

E 98928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98928

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 W. Fremont St. Ward) 21-0

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Neomia Williams

(a) Residence: No. 1435 W. Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1899

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year): Va

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Merritt Williams

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mary Carter

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Louisa Jones
(Address) 1435 Fremont St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Lillian Va Date 3/2/ 34 19

19. UNDERTAKER: Thomas E. Kelly
(Address) 1368 Pennsylvania Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27th 19 34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
4 weeks	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... Coroner ..... M. D.
(Address) .....

E 98929 ✓ E 98929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 535 Robert St. 14-01 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Ritchie
(a) Residence: No. 535 Robert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Catherine Johnson
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ola Satterfield
(Address) 535 Robert St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 3/2 34

19. UNDERTAKER Bernard P. Crowley
(Address) 51 S. Broadway

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/23 . 1934 to 2/27 . 1934
I last saw h[illegible] alive on 2/25 . 1934 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. P. Hartkins M. D.
(Address) 912 Eutaw St

E 98930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98930

CERTIFICATE OF DEATH

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4504 Harford Road (Ward) 7-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John G. Fink

(a) Residence: No. 4504 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sophia C. Fink

6. DATE OF BIRTH (month, day, year) Oct 31st 1862

7. AGE: Years 71 | Months 3 | Days 28 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired D&L

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Cumberland Maryland

FATHER

13. NAME John G. Fink

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Sophia C. Fink
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 3 1934

19. UNDERTAKER Frederick Sasse & Son
(Address) 1401 Eutaw St.

Huntington Wilkerson, Registrar.

MAR 2 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1934 to Feb 28, 1934

I last saw him alive on Feb 27 1934 death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Senile Marasmus — Date of onset 1932.

(Other contributory causes of importance:

Duration Arteriosclerosis 1929 1931

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. A. Blackwell M. D.

(Address) 1 E. Madison St.

E 98931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4223 Fernhill Ave. St., 28-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise C. Vordemberge

(a) Residence: No. 4223 Fernhill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L. Wilbur Vordemberge

6. DATE OF BIRTH (month, day, year) Nov. 21, 1895.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Baltzer Hagey

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Stauch

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT L. Wilbur Vordemberge
(Address) 4223 Fernhill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 3/3/34 19

19. UNDERTAKER Harry A. Pitzke
(Address) 4101 Amondson Ave.

20. FILED 19 Hattie M. Williams Registrar

MR. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24 . 1934. to Feb 28 . 1934.

I last saw h alive on Feb 28. 1934 Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 25
Acute cardiac dilatation	Feb 28

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Emily Strauss M. D.

(Address) Fernhill

M. D. P. 1931 E 98932

E 98932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 334 S. Calhoun St., (14-01 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Brady

(a) Residence: No. 334 S. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary R. Brady (nee Merson)

6. DATE OF BIRTH (month, day, year) May 17, 1848.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Brady

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Schweinsberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary R. Brady
(Address) 334 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/3/34 19

19. UNDERTAKER Harry L. Witzke
(Address) 4101 Edmondson Ave.

20. FILED 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1934, to Feb 27, 1934.
I last saw him alive on Feb. 27, 1934. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Senility	

Other contributory causes of importance:

myocardial insufficiency	

Name of operation none Date of —

What test confirmed diagnosis clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Anthony V. Buchness M. D.

(Address) 37 S. Strieker St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

✓ E 98933

E 98933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp, St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth 28 yrs. mos. ds.

2. FULL NAME Bartus Senawaitis or Baltrus Senawaitis

(a) Residence: No. 914 Ramsey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Senawaitis

6. DATE OF BIRTH (month, day, year) Unknown - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Catherine Senawaitis
(Address) 914 Ramsey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 3, 1934

19. UNDERTAKER John Greblauckas
(Address) 1423 E. Lanvale St.

20. FILED MAR 2 - 1934 Hattie Williams

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1934, 19..., to Feb 27, 1934

I last saw him alive on Feb 27, 1934. Death is said to have occurred on the date stated above, at 6:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer with hemorrhage Contracting scar Acute cardiac failure	2/17/34

Other contributory causes of importance:

Peripheral arteriosclerosis
Secondary anemia

Name of operation Exploratory laparotomy Date of 2-27-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Stackhouse Jr. M. D.

(Address) University Hosp.

M. D. B. 1268-9

E 98934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98934

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH ~~Presbyterian Hosp~~ St Agnes Hospital (Registered No.)

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Ulteka Yung (Jung)

(a) Residence: No. 1802 Fourth St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Raul Yung

6. DATE OF BIRTH (month, day, year) Dec 11 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Puss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Husband - Mr Raul Yung

(Address) 1802 Fourth St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 3/3, 34

19. UNDERTAKER Jesse A Turley

(Address) Tuckahoe Mass & Fayette

20. FILED MAR 2 1934, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-2-34, 1934, to 3-1, 1934

I last saw h[illegible] alive on 3-1, 1934 Death is said to have occurred on the date stated above, at 7½ a. m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis — Date of onset ?

Other contributory causes of importance:

Chronic Myocarditis — ?

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) John C. Dunker M. D.

(Address) St. Agnes Hospital.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

M. D. B. 1268-9

E 98935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98935

CERTIFICATE OF DEATH

173

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1212 Madison Ave (St.) 7-C (Ward)

Length of residence in city or town where death occurred ... yrs. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert Hazelton

(a) Residence: No. 511 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April - 1893

7. AGE — Years 40 | Months 10 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Sol Hazelton

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Jane E. Van Blank

16. BIRTHPLACE (city or town) (State or country) Mt Town Conn

17. INFORMANT Sadie Anderson

(Address) Shot Hill R. I.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 2, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 342 W Lafayette Ave

MAR 2 - 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on Autopsy & Inquest

to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Homicide — Hemorrhage due to pistol wounds of abdomen.

Date of onset

Other contributory causes

Name of operation Autopsy Date of Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in the following: Homicide Feb 28 1934

Accident, suicide, or homicide? Date of injury

Where did injury occur? 1212 Madison Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Shot

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Pick M. D.
Coroner

(Address)

M. O. B. 1000 E 98936

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98936

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 414 E. Biddle St. 10-01 Ward)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle Meyers
(a) Residence: No. 414 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of John Meyers Unknown.

6. DATE OF BIRTH (month, day, year)

7. AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
abt 46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year) 1°
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Unknown

MOTHER FATHER

13. NAME
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Beatrice Briggs Brown
(Address) 429 Hartman Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 3, 1934

19. UNDERTAKER Mrs Kate R Williams
(Address) 322 N Schroeder St

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 1P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Dilatation	Feb 25-34
Other contributory causes of importance: Uremia - Dilatation	
Name of operation Injuries	Feb 25-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Valentine & D. Coroner

(Address) 16 S. Broadway

Spec.—8-16-29—L. F. S.—100 Bks.

E 38937

E 38937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1—PLACE OF DEATH 1045 W Lexington REGISTERED NO. 4411-34

CITY OF BALTIMORE: (No. Baltimore St., 16. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Oscar Todd

(a) RESIDENCE NO. 1045 W. Lex. St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. all life How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 22, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Ellsworth Todd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Sarah Peaker

(Address) 1045 W. Lexington St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-27-34

17 I HEREBY CERTIFY, That I attended deceased from 2/16/34, 19, to 2/26/34, that I last saw h[illegible]ive on 2/26/34 and that death occurred, on the date stated above, at 5-40 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Long Long Time

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

11 (duration) 11 yrs. 11 mos. 14

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. L. Barksdale M. D.

2/28/34 (Address) 524 N. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Mar. 3, 1934

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 322 Schroeder St.

M. D. H. 1268-9

E 98938

8938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Division St., 14th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CHARLES H. BENNETT

(a) Residence: No. 1426 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertie Bennett

6. DATE OF BIRTH (month, day, year) March 15-1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ocean

10. Date deceased last worked at this occupation (month and year) 3/34

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) St Mary Co Maryland

FATHER

13. NAME Charles H Bennett

14. BIRTHPLACE (city or town) (State or country) St Mary Co Maryland

MOTHER

15. MAIDEN NAME Sarah Barnes

16. BIRTHPLACE (city or town) (State or country) St Mary Co Maryland

17. INFORMANT Wm Bennett

(Address) 1426 Division

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvery Cem Date 3/3/34 19

19. UNDERTAKER Robert F Williams

(Address) 1515 McCulloh St

Thurlington Pettigrew M.D.

20. FILED 2-1934 O. R. Ff Registrar 3/24/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15 1934 to July 27 1934

I last saw h alive on July 27 1934 Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7/15/34
Myocarditis	7/15/34

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Schaeffer M. D.

(Address) 3013 St Paul St

M. D. B. 1268-9

E 98939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98939

CERTIFICATE OF DEATH

82-051

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Constance Cook

(a) Residence: No. 1013 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Cook (dead)

6. DATE OF BIRTH (month, day, year) April 29, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward Oldham

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Amelia Wamsley

16. BIRTHPLACE (city or town) (State or country) Baltimore Balto Md

17. INFORMANT Rigbs
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 3/4 1934

19. UNDERTAKER William Cook
(Address) 1375 Park Ave

20. FILED 15 Registrar.

2-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1934 to March 2 1934

I last saw her alive on March 2 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident, Left Hemiplegia, right	2 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magiel M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 98940

HEALTH DEPARTMENT—CITY OF BALTIMORE

98940

CERTIFICATE OF DEATH

Registered No. v 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4909 Catalpha Rd 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George M. Weisman Jr

(a) Residence: No. 4909 Catalpha Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Elizabeth A. Weisman Jr

6. DATE OF BIRTH (month, day, year) Mar 25th 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc. Student Scholar do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johns Hopkins

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

13. NAME George M. Weisman Sr

FATHER

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mabel A. Crow

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT G. M. Weisman Sr

(Address) 4909 Catalpha Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 5th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 3-2-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1934 to March 1934

I last saw ~~him~~ alive on March 1934 Death is said to have occurred on the date stated above, at 12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 21

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo Heumann M. D.

(Address) 2853 Hartford Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E/38941

38941

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 48

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave. St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Sarah Lee Meacher

(a) Residence: No. 125 West Fayette St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Earl Meacher

6. DATE OF BIRTH (month, day, year) about 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 36				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Baltimore Md
(State or country)

FATHER

13. NAME Thomas Leary

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Earle Meacher
(Address) 925 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cath[illegible] Date 3/3/34

19. UNDERTAKER [illegible]
(Address) [illegible]

MAR 2 1934 Huntington Williams Inc

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27/34 19

22. I HEREBY CERTIFY, That I attended deceased from February 19, 1934 to Feb 27 1934

I last saw h[illegible] alive on February 27, 1934. Death is said to have occurred on the date stated above, at 12 25 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease	Date of onset
Carcinoma Cervix	4	33
Metastasis, Generalized Abdominal.		

Other contributory causes of importance:

Name of operation Biopsy Cervix Date of 2/20/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Carl G Merkel M. D.

(Address) St Agnes Hosp.

Spec.-7-17-26—A Co.—200 Blks.

E 98942

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98942

131

CERTIFICATE OF DEATH

REGISTERED NO. 2697

E 98942

1-PLACE OF DEATH

City of BALTIMORE: (No. 1329 Argyle ave St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Louise Thomas

(a) RESIDENCE NO. 1329 Argyle ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William F Thomas

6 DATE OF BIRTH (month, day, and year): Dec 25 1864

7 AGE — Years: 69 yrs — Months: 2 — Days: 3

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Joseph H Lee

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Annie Cooper Lee

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland

14 Informant: Harry E. H. Thomas

(Address): 1329 Argyle ave Balto

15 Filed: Feb 28 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 28, 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1933 to Feb 28, 1934

that I last saw her alive on Feb 28, 1934

and that death occurred, on the date stated above, at 5.50 P m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Medical Exam

(Signed) W. Atwell Jones, M. D.

, 19 (Address) 1123 Pleasant ave Practitioner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetry — Date of Burial: 3/3 19 34

20 UNDERTAKER: Mrs Chas A Bailey — ADDRESS: 1421 Jefferson St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 2-1934

A&Co. 5-11 2500

E 98943

98943

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

$82.00

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3128 Remington St., 12-01 Ward)

Length of residence in city or town where death occurred .. yrs. .. mos. .. ds. How long in U.S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Luanna E Franklin

(a) Residence: No. 3128 Remington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H Franklin

6. DATE OF BIRTH (month, day, year) May 18 - 1851

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	82	9	11 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cliffin Forge Va.

FATHER

13. NAME John Franklin

14. BIRTHPLACE (city or town) (State or country) Lexington Va.

MOTHER

15. MAIDEN NAME Elizabeth Frazier

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Wm. O. Smith

(Address) 3128 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar 3, 1934

19. UNDERTAKER Josiah Lyter

(Address) 1602 W North Ave

20. DATE 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1931, to March 1st, 1934

I last saw her alive on Mar 1st 1934 death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-20-31
	10-15-33
	2-12-34

Other contributory causes of importance:

Uterine Fibroid	?

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George E Cross M. D.

(Address) 28 W 25th St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 98944

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp (St.) 14-64 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Horace Dent

(a) Residence: No. 735 Calhoun St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Dent

6. DATE OF BIRTH (month, day, year): Dec. 24 ?

7. AGE — Years: 73 | Months: 2 | Days: 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Ellicott City Md

FATHER

13. NAME: Jim Dent

14. BIRTHPLACE (city or town) (State or country): Ellicott City Md

MOTHER

15. MAIDEN NAME: Cooper Brown

16. BIRTHPLACE (city or town) (State or country): Ellicott City Md

17. INFORMANT: Records

(Address): Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem Date: 3-3-34

19. UNDERTAKER: Frank Ferrer

(Address): 766 Lemmon

Instructor Pathology M.D.

20. FILED: MAR 2 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-1-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1933 to March 1, 1934

I last saw him alive on March 1, 1934 Death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Hemiplegia, right (old)	4 yrs ?
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I P Magruder, M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 17684

E 98945

98945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Wilmer St., 17-01 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca B. Richardson

(a) Residence: No. 1110 Argyle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1898

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanford Va

FATHER

13. NAME Samuel Richardson

14. BIRTHPLACE (city or town) (State or country) Hanford Va

MOTHER

15. MAIDEN NAME Rebecca Howard

16. BIRTHPLACE (city or town) (State or country) Hanford Va

17. INFORMANT Rebecca Richardson
(Address) 1110 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Cem Date 3-2 1934

19. UNDERTAKER Funeral Jos. F. Lockie
(Address) 1302 Jefferson St

20. FILED 2-1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
2 Days	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Negative Were an autopsy? No

27. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. B. Luck M. D.
Coroner

(Address) Bowie

M. D. B. 1268-9

E 98946

98946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 124-002

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hosp. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Jessie Hemp Upton (Jessie Lee Upton)

(a) Residence: No. Woodlawn, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: B. Frank Upton

6. DATE OF BIRTH (month, day, year): Jan. 5, 1867

7. AGE: Years 67 | Months 1 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Co., Md.

FATHER

13. NAME: Frederick Bland
14. BIRTHPLACE (city or town) (State or country): Frederick Co., Md.

MOTHER

15. MAIDEN NAME: Sarah Lakin
16. BIRTHPLACE (city or town) (State or country): Frederick County Maryland

17. INFORMANT: Mr. B. Frank Upton
(Address) Rolling Road, Woodlawn

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olive Cemetery Date March 8, 1934

19. UNDERTAKER: Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED MAR 12 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1934 to Mar. 2, 1934

I last saw her alive on Mar. 2, 1934 at 3:45 a.m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation with Dilatation.	Jan 1933
Cirrhosis of Liver	1929
	over
Other contributory causes of importance: Chronic cholecystitis	1922

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frances Upton Hemp M. D.

(Address) Mt. Lee Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1265-9

E 98947

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98947

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Annie L. Burch

(a) Residence: No. 114 E. 33rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Marion K. Burch.

6. DATE OF BIRTH (month, day, year) Feb. 27-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Malcolm Fleming

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Josephine Mazer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Nelen Burch

(Address) 114 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Mar 3 . 1934

19. UNDERTAKER Snyder Funeral Home

(Address) 4248 E. Broadway

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1934 to March 1, 1934

I last saw her alive on Mar 1 . 1934. Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anuria (acute)	
Septicemia (hemolytic streptococcus)	
Phlebitis (multiple) Iliac Thrombosis	

Other contributory causes of importance:

Arteriosclerosis, general
Myocarditis Senile

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) David H. Andrews . M. D.

(Address) Church Home & Infirmary.

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 98948

HEALTH DEPARTMENT—CITY OF BALTIMORE

98948

V 51

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Mentz Drive 27-81 Ward)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 4 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Henry Weller

(a) Residence: No. 3410 Mentz Drive Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	white	Married

3a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Minnie Weller

6. DATE OF BIRTH (month, day, year) May 25 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME John H. Weller
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth Spindler
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Minnie Weller
(Address) 3410 Mentz Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date Nov 5 1934

19. UNDERTAKER Jos. Loerdan & Son
(Address) 1217 E. Baltimore St

20. DATE RECEIVED 1934 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/9, 19[illegible], to [illegible], 19[illegible]
I last saw h[illegible] alive on 3/, 1934, death is said to have occurred on the date stated above, at 3 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	2 years
Metastasis	
Other contributory causes of importance:	
Myocarditis	2 yr
Chronic cystitis	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Herbert Weller M. D.
(Address) 5142 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98949

98949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3630 Old Frederick Rd Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara L. Opitz

(a) Residence: No. 3630 Old Frederick Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 28th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Adv. Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Co
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

FATHER

13. NAME John Opitz
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Clara F. Pfeffer
16. BIRTHPLACE (city or town) (State or country) Elkton Md

17. INFORMANT John L. Opitz
(Address) 72 Chelton Ave Phila Pa

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 3rd 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Registrar.

3 - 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1932 to Mar. 1 1934
I last saw her alive on Mar 1 1934 Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	2-28-34
Valvular heart disease	2-1-32
Interstitial nephritis	2-1-32

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in Industry, In home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. Cole M. D.
(Address) 1202 W. Lafayette St.

M. D. B. 1268-9

✓ E 98950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98950

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred 6 yrs. 7 mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Claude Duke

(a) Residence: No. 1119 Woodbrook Ave Ward. Dalto.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27. 1927

7. AGE	6 Years	7 Months	3 Days	If LESS than 1 day, hrs. or min.
			5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dalto

FATHER

13. NAME Claude Duke

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Christine Copeland

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Claud Duke

(Address) 1119 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Suffolk Va Date Mch. 3, 1934

19. UNDERTAKER Fran E. Francke

(Address) 52 Mansion Ave

Hampton Williams Reg.

20. FILED Mar 3 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-34

22. I HEREBY CERTIFY, That I attended deceased from 2-7-34 to 3-2-34, 19

I last saw him alive on 3-2-34, 19. Death is said to have occurred on the date stated above, at 5:20 m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia bilateral

Date of onset 1-26-34

Other contributory causes of importance:

None

Name of operation ? Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Richard Francis M. D.

(Address) Union Memorial Hospital

CYS 3

OCCUPATION is very important. See instructions on back of certificate.

...statement of ... in plain terms, so that it may be properly classified. Exact ...

M. D. B. 1268-0

E 98951

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 98951

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 N. Eden St., 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles B. Brock

(a) Residence: No. 1207 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Brock

6. DATE OF BIRTH (month, day, year) 5-5-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Thelia Hackell

(Address) 1207 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 3-5-1934

19. UNDERTAKER Pierson & Hamill W. Wright

(Address) 1200 McElderry St

20. [illegible] Huntington Williams M.D.

Registrar

3-5-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1934, to March 1, 1934

I last saw h[illegible] alive on March 1, 1934. Death is said to have occurred on the date stated above, at 5-45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/19/34
Other contributory causes of importance:	
Sepsis	2/26/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin B. LeCompte M. D.

(Address) 1113 E. Cawley St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 98952

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 98952

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Caroline St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Jones

(a) Residence: No. 15 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Jones

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

FATHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mabel H. Jackson

(Address) 15 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 3-3-1934

19. UNDERTAKER Byron Thomas & Haughi

(Address) 218 McElderry St

20. FILED 3-3-1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-25-1933 to 3-2-1934

I last saw h[illegible] alive on [illegible], 19[illegible]. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2m

Other contributory causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) M. D.

(Address) 3234 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98953

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98953

CERTIFICATE OF DEATH

89-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 10-01 Ward)

Registered No. 89-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Eaton

(a) Residence: No. 47 Culver St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 15th 1932

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Allen W. Eaton

14. BIRTHPLACE (city or town) (State or country) Wash. D.C.

MOTHER

15. MAIDEN NAME Virginia Groome

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Allan R. Eaton
(Address) 47 S Culver St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 3 1934

19. UNDERTAKER John Ulrich & Sons
(Address) 200 S Regan St

20. [illegible] Huntington Pulliam [illegible]

3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25th 1934 to March 1st 1934

I last saw her alive on March 1st 1934 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media	?
Mastoiditis-Cystic	?
Lateral Sinus Thrombosis	?
Subarachnoid Hemorrhage	2-28-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Harriet E. Bogard M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 98954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98954

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Schneider (Jacob Schneider)

(a) Residence: No. 607 N. Collington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frieda Schneider

6. DATE OF BIRTH (month, day, year) Aug 5, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	6	24 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer 085

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Morris Schneider

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Ellen Samuels

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs L. Lowenthal

(Address) 2132 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date Mch. 4, 1934

19. UNDERTAKER Baird Sondheim & Son

(Address) 1902 Eutaw Place

FILED MAR 3 - 1934 H. Irvington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1934, to March 2, 1934.

I last saw him alive on March 2, 1934. Death is said to have occurred on the date stated above, at 4.46 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	2-20-34
Peritonitis - generalized	2-20-34
Other contributory causes of importance:	
Leukemia	2-28-34

Name of operation Appendectomy Date of 2-23-34

What test confirmed diagnosis Clin & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. J. Hinkelfarb. M. D.

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

Matilda Thomas Banks ✓ E 98955

98955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 4-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda T. Banks

(a) Residence: No. Elkridge, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Banks

6. DATE OF BIRTH (month, day, year) Aug 4th 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46 47	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elk Ridge

FATHER

13. NAME James Brashears

14. BIRTHPLACE (city or town) (State or country) Elk Ridge

MOTHER

15. MAIDEN NAME Mary Carroll

16. BIRTHPLACE (city or town) (State or country) Elk Ridge

17. INFORMANT Mary Thomas

(Address) Elk Ridge

18. BURIAL, CREMATION, OR REMOVAL

Place Odd Fellows Date Mar 6 1934

19. UNDERTAKER Thomas E. Wright

(Address) 700 E. Lanvale St. Baltimore Md.

20. FILED Mar 3 1934 Registrar. Huntington Williams

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1934 to March 1 1934

I last saw h.e. alive on March 1 1934 Death is said to have occurred on the date stated above, at 6.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant hypertension	
Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Howard Stackhouse Jr. M. D.

(Address) University Hosp.

M. D. H. 1268-9

98956 E 98956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617. S Patterson Park St., 1 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth White

(a) Residence: No. 3227. Leverton Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Thomas White

6. DATE OF BIRTH (month, day, year) Jan. 28 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Bellmann

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Alice Horner

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Gertrude Hutton (daughter)

(Address) 3227 Leverton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cemt Date March. 5 19 34

19. UNDERTAKER Lilly & Zeller Inc.

(Address) 40[illegible] Eutaw St.

20. FILED 19 [illegible] Registrar.

MAR 6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 19 34

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1934 to Mar. 1 1934

I last saw her alive on Mar. 1 1934 Death is said to have occurred on the date stated above, at 3.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1 yr.
Chronic Myocarditis	

Other contributory causes of importance:

Pulmonary Edema	
Hypostatic Pneumonia	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. D. Dalrymple M. D.

(Address) 432 S Patterson Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Stockton St., 15-01 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor Corrine Harris

(a) Residence: No. 1309 Stockton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 11, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	1	20 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School (Public)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William H Harris

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Bertha Mockall

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William Harris

(Address) 1309 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 3/3 34 19

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED ... 1934 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933 to Mar 1, 1934

I last saw h alive on Oct 27, 1933 Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	June 1933

Other contributory causes of importance:

Name of operation No Date of ...

What test confirmed diagnosis Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. William Frey M. D.

(Address) 1928 Penna Ave

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98958

98938

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1836 Westwood St., 15-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Chamberlaine

(a) Residence: No. 1836 Westwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): June 28 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year): 10 yrs ago

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Middlesex Co. Va

FATHER

13. NAME: Righter Chamberlaine

14. BIRTHPLACE (city or town) (State or country): Middlesex Co. Va

MOTHER

15. MAIDEN NAME: Anton Jane Lanthorn

16. BIRTHPLACE (city or town) (State or country): Middlesex Co. Va

17. INFORMANT (Mrs) Reathon Wiggins

(Address) 1836 Westwood

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date 3/3 — 1934

19. UNDERTAKER Thos E. Kelson

(Address) 1303 Presstman St.

20. FILED 3-5-1934 21. Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934, to March 1, 1934

I last saw h[illegible] alive on March 1 1934, death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebal Hemorrhage	Feb 27 1934

Other contributory causes of importance:

2nd attack - just about 100 (12 hrs ago

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Wright, M. D.

(Address) 1209 Presstman St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 15-41 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Howard

(a) Residence: No. 1711 Lanvale St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country) No Record

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ellen Young (Address) 1711 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 3/5 1934

19. UNDERTAKER Thomas E. Kelly (Address) 1202 Presstman St.

20. FILED MAR 3-1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2-22-34 . 19 . to 3-1-34 . 19 .

I last saw him alive on 3-1-34 . 19 . Death is said to have occurred on the date stated above, at 11:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William Lindsay Steele M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 2. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

98960 98960

CERTIFICATE OF DEATH

52

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636-Darley Ave. St., 8-01 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth 42 yrs. mos. ds.

2. FULL NAME Samuel Burry

(a) Residence: No. 1636-Darley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. (Schwartz)

6. DATE OF BIRTH (month, day, year) Nov. 12, 1871

7. AGE Years	Months	Days	If LESS than 1 day
62	3	17	xxxxxxx or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Samuel Burry

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Marguerite Robertson

(Address) 1636-Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 3/3/34 19

19. UNDERTAKER George J. Rack Son

(Address) 1725-Harford Ave.

20. FILED MAR 3 - 1934 E. Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1/34

22. I HEREBY CERTIFY, That I attended deceased from 2/24/33 to 3/1/34

I last saw h[illegible] alive on 3/1/34 Death is said to have occurred on the date stated above, at 11 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanotic sarcomatosis	2/24/33
	do
Other contributory causes of importance:	
Cerebral metastasis	2/20/34
Pulmonary Oedema	2/28/34

Name of Operation Removal of multiple melanotic sarcomas Date of 2/10/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Abner Bauden M. D.

(Address) 1517 E North Ave

V S 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98961

E 98961

Registered No. 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 S. Rose St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gustav A. Reinhardt

(a) Residence: No. 803 S. Rose St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Reinhardt

6. DATE OF BIRTH (month, day, year) Sept 5. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stevedore

10. Date deceased last worked at this occupation (month and year) 1914

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Herman R. Reinhardt

(Address) 803 S. Rose St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Cem Date March 3. 19 34

19. UNDERTAKER H. Snyder & Sons Inc

(Address) 1210 Fleet St

FILED MAR 3 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 11. 1934. to Feb 27. 1934

I last saw h.. alive on Feb 27. 1934. Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant growth in the right upper quadrant of abdomen	Nov 1933
Other contributory causes of importance:	over
Marked secondary anemia	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) O. F. Ris M. D.

(Address) 245 Bway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 98962

98962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 2561 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pieter Jakimic

(a) Residence: No. 1623 Cypress St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Palaskeya Jakimic

6. DATE OF BIRTH (month, day, year): ?

7. AGE: Years: 63 ? | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Pantelemo Jakimic

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rebecca ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Records
(Address): Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Trinity Russian Date March 4 1934

19. UNDERTAKER: John Gretzianekoff
(Address): 423 S. Paca St.

20. Filed MAR 8 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3 - 1 , 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1934 to March 1, 1934

I last saw him alive on March 1, 1934. Death is said to have occurred on the date stated above, at 11:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I. Pomanel, M. D.

(Address) Balt City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3 8 1934

M. D. B. 1268-9

E 98963

98963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Valley St. 10-01 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie A. Holden

(a) Residence: No. 1213 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James S. Holden

6. DATE OF BIRTH (month, day, year) July 24 '67

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Thos. Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Clark

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Holden
(Address) 1213 Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar 5 1934

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED MAR 3 1934 Thurston Williams, Registrar

OCT 4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/24 1934 to 3/2 1934

I last saw her alive on 3/2 1934. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Glottis due to Nephritis	8 days

Other contributory causes of importance:

Hypostatic Pneumonia	4 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Dr Bernard Wm ... M. D.

(Address) 1716 E Cold St

M. D. R. 1288-6

Weidner, E 98964

98964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 140

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 26-01 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Weidner

(a) Residence: No. 924 N Kresson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Weidner

6. DATE OF BIRTH (month, day, year) Sept. 15 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	5	14/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adolph Fisher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Rudolph

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Marie Fisher
(Address) 924 N. Kresson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem't Date Mar. 5 1934

19. UNDERTAKER George W. Zipfler
(Address) 1107 E. Lanvale St.

20. FILED 3-5-1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Acute Peritonitis — Date of onset

Other contributory causes of importance:
Self Inflicted Abortion

Name of operation — Date of

What test confirmed diagnosis? Autopsy — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Peregrine Ford M. D.

(Address) 1800 Pallison Ave. Parkway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

98965

E 98965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 S. Gay St. St., 4-01 Ward)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Duerr.

(a) Residence: No. 33 S. Gay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of Rebecca Duerr.

6. DATE OF BIRTH (month, day, year) January 8, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	22 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Nat. Marine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank Building.

10. Date deceased last worked at this occupation (month and year) 3/1/34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Fredom. Pa.

FATHER

13. NAME Conrad Duerr.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME ------Nunnemaker.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Rebecca Duerr. (wife)
(Address) 33 S. Gay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemet Date Mar. 5, 1934

19. UNDERTAKER George W. Zirkler
(Address) 1257 E. Lexington St.

MAR 3-1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

Compound fracture of the skull.
Accidental fall from 4th story window of National Marine Bank building to pavement.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Accident Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/2/34 19

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of Injury Fall from a window.

Nature of Injury Compound fracture of the skul

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto H Reinhardt Coroner, M. D.

3/2/34 (Address) 1017 E. Charles st.

M. D. B 1268-9

98966 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 98966

CERTIFICATE OF DEATH

94-001

Registered No. 27-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N. Saratoga St. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 2 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert L. Grafflin.

(a) Residence: No. 5724 Oakshire Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of Carolyn N. Grafflin.

6. DATE OF BIRTH (month, day, year) December 23, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Trust officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Nat. Bank.

10. Date deceased last worked at this occupation (month and year) 3/1/34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John H. Grafflin.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Helen Hayden.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Carolyn N. Grafflin. (wife)
(Address) 5724 Oakshire Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date March 7, 1934

19. UNDERTAKER Stewart & Mowen Co
(Address) 108 W North ave.

MAR 3 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 9.45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Obstruction of the Coronary Arteries.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

8/2/34 Otto Reinhardt Coroner, M. D.
(Signed)
(Address) 1017 E. Charles St.

E 98967

M. D. B. 1268-9

98967 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X 108

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lord Baltimore St. 23-01 Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willie Crawford

(a) Residence: No. 21 Pearl alley St., Ward. Charlotte N. C

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May 1, 1915

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
18	9	2 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C

FATHER

13. NAME James Crawford

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Lula Komarel

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT James Crawford

(Address) 1041 S Shapo St

18. BURIAL, CREMATION, OR REMOVAL Charlotte N.C Date 3/3/34 19

19. UNDERTAKER Isaac L Brown & Son

(Address) 108 W Montgomery St

20. FILED ... (Registrar)

R3 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28/34 19

22. I HEREBY CERTIFY, That I attended deceased from 2/20/34 19 to 2/28/34 19

I last saw h alive on 2/28/34 19 Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (right)	2/23/34

Other contributory causes of importance: Unknown

Impetumatual failure

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Michael J. Weirich — M. D.

(Address) Lord Balto St. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1269-9

E 98968

98968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 W. Fayette St. St. 20-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard E. Hall

(a) Residence: No. 2215 W. Fayette St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Irene V. Hall

6. DATE OF BIRTH (month, day, year) Nov. 4-1906.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unemployed

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roseville Pennsylvania

FATHER

13. NAME George Hall

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Irene V. Hall (Address) 2215 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 3-5-, 1934

19. UNDERTAKER J. Vernon Keehner (Address) 1532 Holland St.

MAR 3 1934, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Mar. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at A. ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Due to inhalation of illuminating gas.	Mar. 2 1934.
Suicide.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury Mar. 2, 1934

Where did injury occur? 2215 W. Fayette St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Closed himself in Kitchen

Manner of injury and opened gas cocks of stove

Nature of injury Inhalation illuminating gas

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M.D. Coroner

(Address) 16 South Broadway

OCCUPATION IS very important. See instructions on back of certificate.

E

M. D. B. 1268-9

E 98969

27945

E 98969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 72-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernice Sheaffer

(a) Residence: No. Marysville St., ... Ward. Penna

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/4/11

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sec 4

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Milton Sheaffer

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Frances Bowers

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Eastmt Grove Date March 6, 1934

19. UNDERTAKER C W Leese

(Address) 124 N. Greene St

20. FILED MAR 4-1934, 19 [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1933 to March 3, 1934

I last saw her alive on March 3, 1934. Death is said to have occurred on the date stated above, at 11 16 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	May 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so specify .....

(Signed) Joseph I Bergmeyer M. D.

(Address) Johns Hopkins Hospital

J III

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. E 98970 William R Jones E 98970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 46

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. William Jones

(a) Residence: No. 1763 Peachtree Road St., ... Ward. Atlanta, Georgia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of ~~(or) WIFE~~ of Lena S. Jones

6. DATE OF BIRTH (month, day, year) Jan. 31, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine 05

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Georgia

FATHER

13. NAME John Pope Jones

14. BIRTHPLACE (city or town) (State or country) — Georgia

MOTHER

15. MAIDEN NAME Hattie Wilcoxon

16. BIRTHPLACE (city or town) (State or country) — Georgia

17. INFORMANT Patient before death

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Atlanta Ga. Date Mch. 5 1934

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1600 Eutaw Place

FILED MAR 4 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1934 to March 3, 1934

I last saw him alive on March 3, 1934. Death is said to have occurred on the date stated above, at 12 50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Transverse Colon	

Other contributory causes of importance:

Post Op. Pneumonia	Mar. 23
Obstruction in lower Bowel (?)	" "

Name of operation Colostomy & Resection of Bowel Date of 2-23-34

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) E. E. Kaplan, M. D.

(Address) Grace Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. No. E 98971

E 98971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 20-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3319 Caton Ave St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Jos J. Borman

(a) Residence: No. 3319 Caton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Nolker

6. DATE OF BIRTH (month, day, year) May 21. 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	11	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Angela Borman 3319 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date March 6. 1934

19. UNDERTAKER E Y P Hale

(Address) 115 East West St.

MAR 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3rd. 1934. to Mar 2 . 1934

I last saw him alive on Mar 2 . 1934 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1930
Acute Cardiac dilatation	Mar 2 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney H. Strauch M. D.

(Address) 750 E Fort Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1948-9

E 98972

E 98972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Zinner

(a) Residence: No. 18 South Conkling St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Zinner

6. DATE OF BIRTH (month, day, year) October 15, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Frederick Hofman

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Margaret Krats

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Husband Joseph Zinner

(Address) 18 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date March 5 1934

19. UNDERTAKER Frank T. Litsinger

(Address) 2518 E. Baltimore St.

FILED 1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1934 to March 2, 1934

I last saw her alive on March 2, 1934 Death is said to have occurred on the date stated above, at 3:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of uterus	
2. Paralytic ileus	
3. Toxemia	
Other contributory causes of importance:	

Name of operation Pan by steroscopy Date of .....

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Maenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

M. D. B. 1268-9

E 98973

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98973

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Pronounced Dead at Volunteers of America St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie S. Roe

(a) Residence: No. 2811 Hillsdale Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Thomas H. C. Roe

6. DATE OF BIRTH (month, day, year) July 9th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER FATHER

13. NAME John C. Rau

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Amelia Schlundsberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thomas H. C. Roe
(Address) 2811 Hillsdale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Mar 6th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Registrar.

MAR 6 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98974

E 98974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3704 Barrington Rd St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Napoleon B. Morris

(a) Residence: No. 3704 Barrington Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~the wife~~ Lavinia H. Morris

6. DATE OF BIRTH (month, day, year) Nov 26th 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoemaker

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Smithfield Mass

FATHER

13. NAME Noel Morris

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Adeline Normandin

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Cecelia M. Rowse

(Address) 3704 Barrington Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Crematorium Date Mar 5th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

FILED MAR 4 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22 1933 to March 3 1934

I last saw him alive on Mar 1 1934 Death is said to have occurred on the date stated above, at 12:27 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral and general arteriosclerosis	2
Other contributory causes of importance: Cardiac asthenia	2

Name of operation — Date of .....

What test confirmed diagnosis? Cy. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify —

(Signed) W H Smith M. D.

(Address) 3419 Chestnut Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 98975

M. D. 5-1268-30 E 98975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. 1412 Retreat St. 13-01 (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Wilson Meyers

(a) Residence: No. 1412 Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Nettie V. Meyers

6. DATE OF BIRTH (month, day, year) Feb. 6. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): June 1933

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Frederick Md.

FATHER

13. NAME: David Meyers

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Margaret Traband

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Address): Nettie V. Meyers 1412 Retreat st.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Mar 5th 1934

19. UNDERTAKER: Wm. Cook (Address) 217 St Paul St.

MAR 4 - 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1- 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of the Intestines — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Morrissey M. D. Coroner

(Address) 3636 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 98976

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98976

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Rose Miller

(a) Residence: No. 5303 Morella Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND of~~ (or) WIFE of John Miller

6. DATE OF BIRTH (month, day, year) July 30th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Elkridge Md

FATHER

13. NAME John H. Ware

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Lewis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Leona V. Tully

(Address) 5303 Morella Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Mar 6th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 4 - 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1 1934 to March 3 1934

I last saw her alive on March 3 1934 Death is said to have occurred on the date stated above, at 11 40 P m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus.
Chronic Myocardial disease

Date of onset

Other contributory causes of importance:

Pulmonary edema

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, what?

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1933-0 E 98977 E 98977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 29 yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Marie Lena Wagner

(a) Residence: No. Riverside Ave., Colgate Creek, Md Ward.

(Usual place of abode) Phone #17 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): Divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anthony (?) Dousch

6. DATE OF BIRTH (month, day, year): Apr 9th 1904

7. AGE: Years 29 | Months 10 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wm Dunn

10. Date deceased last worked at this occupation (month and year): Feb 1934

11. Total time (years) spent in this occupation: 6 Months

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Wagner

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Bertha Yost

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Balto. City Hospt. Records

18. BURIAL, CREMATION, OR REMOVAL: Place St Stanislaus Date Mar 6th 1934

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-2 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1934 to 3-2 1934

I last saw her alive on 3-1 1934 Death is said to have occurred on the date stated above, at 6.50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cholecystitis and Cholelithiasis	Feb
Peritonitis	1st.
(2) Mod	1st.

Other contributory causes of importance: None

Name of operation: Cholecystectomy Date of 2.22.34

What test confirmed diagnosis? Removal of Stones Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. B. Burns M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. 6. 3

M. D. B 1268-9

E 98978

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98978

CERTIFICATE OF DEATH

133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 15-01 Ward)

Length of residence in city or town where death occurred 4/ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Greenberg

(a) Residence: No. 3404 Springdale ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Moses

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Epstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Steel

(Address) 3404 Springdale ave

18. BURIAL, CREMATION, OR REMOVAL

Place Southern ave Date March 4 1934

19. UNDERTAKER L. Herman Bro

(Address) 1127 E Baltimore

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at 5:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	March 1-34
Other contributory causes of importance:	
Phlebitis	
Surgery	March 1-34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Volanto M. D.
Coroner

(Address) 16 S Monroe

OCCUPATION is very important. See instructions on back of certificate.

M. D. # 1268 E 98979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98979

CERTIFICATE OF DEATH

169

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4023 Phila.Rd. St. (Ward) 26-01

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A.Nicol

(a) Residence: No. 4023 Phila.Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louisa Nicol

6. DATE OF BIRTH (month, day, year) Jan.27/1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.Md.

FATHER

13. NAME -------- Nicol

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr.Frederick Smith 4023 Phila.Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem. Date Mar.5/1934

19. UNDERTAKER (Address) Philip Hennighons. 2016 Orleans St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2/1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Injury
Fractured Skull

Date of onset

Other contributory causes of importance:

Dementia ????

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..., 19...

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Jumped out of front window of home.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) ... Coroner, M. D.

(Address) 508 E ...

OCCUPATION is very important. See instructions on back of certificate.

E 98980

M. D. B. 1868-1

E 98980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W. 40th St. 13-01 (Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Claudia Garrett Anderson

(a) Residence: No. Home for Incurables St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23rd-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None — Od

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Annundale Co. Md

FATHER

13. NAME Samuel Anderson

14. BIRTHPLACE (city or town) (State or country) Annundale Co Maryland

MOTHER

15. MAIDEN NAME Ellen Catharine Garrett

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland

17. INFORMANT Blanche Anderson

(Address) 2501 Calvert Heights ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore MD Date March 4 1934

19. UNDERTAKER Isaac C. Gaither & Sons

(Address) Huntington Pikesville Md

20. FILED Mar 4 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1934 to March 1 1934

I last saw h[er] alive on March 1 1934 Death is said to have occurred on the date stated above, at 7.35a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular hypertension disease	?
Other contributory causes of importance:	
Cerebral hemorrhage	2/21/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) N. Hampton Hopkins M. D.

(Address) 214 Mer. Nat. Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. E. 98981 E 98981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 98981 V 186-001

Registered No. 26-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4608 Liberty Heights Ave. St., 26 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James B. Newell

(a) Residence: No. 4608 Liberty Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rinda W. Newell

6. DATE OF BIRTH (month, day, year) Aug 27 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	6	4 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Pearl N. Osgood
(Address) 4608 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Mar 5 1934

19. UNDERTAKER Henry Wehmann & Son
(Address) 4204 Ridgewood Ave.

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 21 1934 to March 3 1934

I last saw h alive on March 3 1934 Death is said to have occurred on the date stated above, at 12 n noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left hip	1/20/34
Contributory causes of importance:	
Hypostatic pneumonia	3/1/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Accidental fall

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) John D Bubert M. D.

(Address) 3608 Sequoia Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. No. E 98982

E 98982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11 Franciscan Convent

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Corner of Forrest & Chase (Street) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Lawrence Yates

(a) Residence: No. 501 E. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14 1820

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in convent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leonardtown Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT M. Consuella

(Address) 501 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3-5 1934

19. UNDERTAKER Mrs R. A. Elliott

(Address) 1129 N. Gaudeuse

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3 34

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1931 March 3rd 1934

I last saw her alive on Feb 28 1934 Death is said to have occurred on the date stated above, at 1.45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Chronic Nephritis	
Uremic Coma	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Mary F. Voegleing M. D.

(Address) 1028 Valley St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R. 4-1934

M. D. B. 12684

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98983

E 98983

CERTIFICATE OF DEATH

25

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Sharp St. 23-01 Ward)

Length of residence in city or town where died ~~[illegible]~~ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Strange

(a) Residence: No. 921 Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race C

5. Single, Married, Widowed, or Divorced (write the word) W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30 1912

7. AGE — Years 18 Months 7 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hosiery Wkr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Henry Strange

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Ardelia Venable

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Ardelia Strange

(Address) 921 Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3 - 6 . 1934

19. UNDERTAKER James A Strange

(Address) 1142 Druid St

20. FILED MAR 4 - 1934 Clinton Hill (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14 . 34 to 3/3 . 34

I last saw him alive on 3/3 . 34 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal T. B., 6 mos ago	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Walter L. Taylor M. D.

(Address) 522 Harlem Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 12-30 E 98984

E 98984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 16-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2714 Edmondson Ave. St.) (Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis M.Wherrett,

(a) Residence: No. 2714 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rena A.Wherrett,

6. DATE OF BIRTH (month, day, year) September 5.1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John M.Wherrett.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Isabelle T.Jordan,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Rena A Wherrett

(Address) 2714 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date MAR 6 - 1934 19

19. UNDERTAKER See W Little

(Address) 2700 Edmondson Ave.

MAR 4 - 1934 Livingston Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 2 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1918 to Mar 2 1934

I last saw him alive on March 1934 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency & Arthritis	10-19 1918

Other contributory causes of importance: Myocarditis chronic

1919
1918

Name of operation X Date of X

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of Injury X

Nature of Injury X

24. Was disease or injury in any way related to occupation of deceased?

X If so, specify

(Signed) R Van Williams M. D.

(Address) 3200 Sequoia ave

M. D. B. 1268-9

E 98985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98985

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 28 yrs. ..... mos. ..... ds.

2. FULL NAME Tillie Harris

(a) Residence: No. 10 N. Hill St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Harris

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Stein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Myer Harris (Address) 1622 N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place West Rd. Date 3/4/34 19

19. UNDERTAKER Jack Lewis Inc (Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

MAR 4 - 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Many, 19 ..., to Many, 19 .....

I last saw h..... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Shock	
Other contributory causes of importance:	
Automobile Accident	

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/2, 1934

Where did injury occur? Hanover & Hill St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Run over by an automobile

Nature of injury While walking across the street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Phoung, Coroner M. D.

(Address) 2200 E. Madison St.

M. D. 28 12684

E 98986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98986

CERTIFICATE OF DEATH

√ 161-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 N Port St., 7-C Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Stuesler

(a) Residence: No. 101 N Port St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) MAR 3 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 3 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Henry Stuesler

14. BIRTHPLACE (city or town) (State or country) Md & Md

MOTHER

15. MAIDEN NAME Theresa Maria Frantz

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT John H Stuesler
(Address) 701 N Port St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Holy Redeemer Date March 5, 1934

19. UNDERTAKER August Pasek
(Address) 2406 Ashland ave

20. FILED MAR 5 1934 Thos. J. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 3 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from MAR 3 1934, 19 to MAR 3 1934, 19

I last saw h... alive on MAR 3 1934 12 48 P. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Atelectasis — Date of onset 1d

Other contributory causes of importance:

Placenta Previa
Hemorrhage

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edward J Good M. D.

(Address) 4137 Woodbine ave

Information should be carefully supplied. All items should be answered. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

MAR 5 1934

M. D. F. 1968-A

E 98987

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98987

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.
CITY OF BALTIMORE: (No. ... St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfred Anderson

(a) Residence: No. 2121 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Man	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 16 - 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	9	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Air Plane
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mechanic 086
10. Date deceased last worked at this occupation (month and year) 1/34
11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alfred E. Anderson
14. BIRTHPLACE (city or town) (State or country) London Eng

MOTHER

15. MAIDEN NAME Mamie H. Barksdale
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Alfred E. Anderson 2121 Orleans St

18. BURIAL, CREMATION, OR REMOVAL Pl. Holy Redeemer Date 3/5/ , 19 34

19. UNDERTAKER (Address) J. A. Mokar 3008 E. Baltimore St.

20. FILED MAR 4 - 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 , 1934

22. I HEREBY CERTIFY, That I attended deceased from February 20 , 1934 to March 1 , 1934
I last saw him alive on March 1 , 1934 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Acute Appendicitis

Name of operation Appendectomy Date of 2-26-34

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Frank C. Marino , M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

I hereby certify that the above is a true and correct copy of the original certificate filed in the Bureau of Vital Statistics. Exact statement of cause of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

63

M. D. R. 1268-8

E 98988

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98988

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2801 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna R. Cook

(a) Residence: No. 709 Cook's Lane, Tow Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/6/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Cook

14. BIRTHPLACE (city or town) (State or country) Freiburg Germany

MOTHER

15. MAIDEN NAME Elizabeth ~~Black~~ Pfeiffer

16. BIRTHPLACE (city or town) (State or country) Howard County Md.

17. INFORMANT Mr. John A. Cook Relative
(Address) 713 Cooks Lane

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date March 5, 1934

19. UNDERTAKER John H. Cook
(Address) 1003 W. Baltimore St.

MAR 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/7/33, 19 to 3/3/34, 19

I last saw her alive on 3/1/34, 19 . Death is said to have occurred on the date stated above, at 5:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast. Metastases to Lungs & pleural effusion.	2 yrs.

Other contributory causes of importance:

Name of operation Rad. Amputation Breast Date of 6/31.

What test confirmed diagnosis? Tissue Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Raymond F. Hertrich, M. D.
(Address) Mercy Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. E-98989

E 98989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-002

1. PLACE OF DEATH Sinai Hosp. No.

CITY OF BALTIMORE: (No. ..... Street ..... Ward) 28-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucille Gaither

(a) Residence: No. 522 Rock Glen Rd. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Gaither

6. DATE OF BIRTH (month, day, year) Oct 8 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Orleans

FATHER

13. NAME Augustus Simpson

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Gant

16. BIRTHPLACE (city or town) (State or country) New Orleans

17. INFORMANT Charles Gaither

(Address) 522 Rock Glen Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cem. Date March 5 1934

19. UNDERTAKER Fred G. Ingram & Son

(Address) 1600 E. Monument St.

FILED MAR 4 - 1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1934 to March 2 1934

I last saw her alive on March 2 1934 Death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	
Toxemia	

Other contributory causes of importance:

Abscess of Breast Peritoneal Cavity (Omental Bursa)
Plastic Peritonitis generalized
Organic Disease of Uterus

Name of operation Exploratory Laparotomy Date of 1-28-34

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mark E. Glenn M. D.

(Address) Sinai Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B. 3

M. D. H. E 98890

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98890

181

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Miller

(a) Residence: No. 914 S. Potomac St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~ or ~~Divorced~~ Widowed. (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of: Michael Miller

6. DATE OF BIRTH (month, day, year): About 1862

7. AGE: Years 72 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: May S. Coleman

(Address) 4318 Grandview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: Mar 6th, 1934

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St.

MAR 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 4th, 1934

22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...

I last saw h— alive on —, 19... Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Degree Burns	
Accidental	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 3/6, 1934

Where did injury occur? 914 S. Potomac (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home

Manner of injury: Fell on floor

Nature of injury: Burns & Abrasions

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Heyman M. D. Coroner

(Address) 1345 N Patterson Park Ave

M. D. [illegible] E 98991

E 98991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5312 Ethelbert Ave., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Thomas Parsley

(a) Residence: No. 5312 Ethelbert Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Laura V. Parsley

6. DATE OF BIRTH (month, day, year) Dec 26th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) Aug 1929

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME David Parsley

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Martha L. Walker

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT William P. Davis

(Address) 5312 Ethelbert Ave

18. BURIAL, CREMATION, OR REMOVAL

Place David Ridge Date Mar 5th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. Filed MAR 5 - 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1934, to Mar 2, 1934.

I last saw him alive on Mar 2, 1934. Death is said to have occurred on the date stated above, at 2.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Oedema	Mar 1934
Senile Myocarditis	2 Years
Coronary Sclerosis	2 Years

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 850 W 36th St Balto.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1288-9 **E 98992** **E 98992**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 W. Fayette St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma W. Fauskaw

(a) Residence: No. 703 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Dedrick C. Weaver

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary A. Boggess

16. BIRTHPLACE (city or town) (State or country) Centreville Md

17. INFORMANT Mamie Parry

(Address) 703 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date March 6th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED ....., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/18/, 1934 to 3/4, 1934

I last saw h alive on 3/3/, 1934 Death is said to have occurred on the date stated above, at 10 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1930
Other contributory causes of importance: Acute bronchitis	2 days

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Lee Magruder M. D.

(Address) 1206 E. Fayette St.

V. S. 3

Information should be carefully supplied. Avoid ambiguity. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1208-9

E 98993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98993

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH CITY OF BALTIMORE. (No.) St. Gregory Church Gilmor & Baker St., 15 Ward. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Kuhl.

(a) Residence: No. 1907 N monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced (or) WIFE of Louis Kuhl

6. DATE OF BIRTH (month, day, year): 1858 - Sept 16

7. AGE: Years 75 | Months 5 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Frank Wehr.

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT (Address): Gertrude Hoburg. 1907 N. monroe

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date Mar 5, 1934

19. UNDERTAKER (Address): Jos J Tichner & Sons 1 E. Pa

FILED MAR 5 - 1934 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Chronic Myocarditis	1 year

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Kuick Coroner, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 288-A

E 98994

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98994

CERTIFICATE OF DEATH

82-001

Registered No. 5101

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 N. Fulton Ave St., 15th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Carrie Zell

(a) Residence: No. 1631 N. Fulton Ave St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Zell

6. DATE OF BIRTH (month, day, year) Dec. 11 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Steinwolle Ger.

FATHER

13. NAME Wm. Renneck.

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Margaret Zell

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Mr. Chas. McCourse

(Address) 1631 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 5 1934

19. UNDERTAKER (Name) (Address)

20. FILED MAY 5 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 1. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19.....; Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Arteriosclerosis

Other contributory causes of importance:

Chronic Nephritis

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. Smith M. D.

3/3/34 (Address) 1117 St Paul St

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1288

E 98995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98995

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Cannigan

(a) Residence: No. 111 S Pratt St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 071

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville Tenn

FATHER

13. NAME John H Cannigan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mallen

16. BIRTHPLACE (city or town) (State or country) Nashville Tenn

17. INFORMANT Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Cem Date 3/5 1934

19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Light St

20. FILED MAR 5 - 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/29 1933 to 3/2 1934

I last saw him alive on 3/2 1934 Death is said to have occurred on the date stated above, at 3/0 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Hypostatic	2 days
Chronic Nephritis	5 yrs

Other contributory causes of importance:

Bronchopneumonia	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. R. Bowen M. D.

(Address) Balto City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. E-98996 ✓ E-98996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2259 Madison St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 25 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pattie Gordon

(a) Residence: No. 2259 Madison av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of widow

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Richard Reed.

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Pattie Reed.

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hattie Hall

(Address) 2259 Madison av

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery. Date March 6th Tuesday 19 34

19. UNDERTAKER E. Roy W. Wilson

(Address) 1002 Brantingame

FILED MAR 7 - 1934 Washington Village N.J. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1934 to Mar. 2, 1934

I last saw her alive on Mar. 1, 1934 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2/25/34

Other contributory causes of importance:

La Grippe	2/20/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. N. Bizell M. D.

(Address) 536 W. Lanvale St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E 98997 ✓ E 98997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Preston Apts St. 17-01 Ward)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth yrs. mos. ds.

89 8 7

2. FULL NAME John Rigdon King

(a) Residence: No. Preston Apts St. Druid Ward. Preston

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie King

6. DATE OF BIRTH (month, day, year): June 24 1844

7. AGE: Years 89 | Months 8 | Days 7 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none | 11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Hagerstown Maryland

FATHER

13. NAME: Samuel King

14. BIRTHPLACE (city or town) (State or country): Hagerstown Maryland

MOTHER

15. MAIDEN NAME: Eliza Lane

16. BIRTHPLACE (city or town) (State or country): Hagerstown Maryland

17. INFORMANT: Mrs L D McLaughlin

(Address) 28 Broadway - Hagerstown

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 3 19 34

19. UNDERTAKER: Stewart Mortuary Co

(Address) 1000 Linden Ave

20. FILED MAR 5 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 4. 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1 1934 to March 3 1934

I last saw h. alive on March 3 1934 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Mch 2

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Warren Buckler M. D.

(Address) 806 Cathedral St

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 98998

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 98998

CERTIFICATE OF DEATH

181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Genl Hospl St. 15-21 Ward)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth 63 yrs. 10 mos. 6 ds.

2. FULL NAME Ella Ruthroff Easter

(a) Residence: No. 2359 W North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Capt Frank M Easter

6. DATE OF BIRTH (month, day, year): April 25 1870

7. AGE: Years 63 | Months 10 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER FATHER

13. NAME: Jacob Ruthroff
14. BIRTHPLACE (city or town) (State or country): Hagerstown Md.
15. MAIDEN NAME: Eleanor Eakle
16. BIRTHPLACE (city or town) (State or country): Hagerstown Md.

17. INFORMANT (Address): Capt F. M. Easter (husband) 2359 W North Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Mar 5 1934

19. UNDERTAKER (Address): Stuart M Moore Co. 1015 W Baltimore St.

20. FILED MAR 5 - 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on Feb 27 1934 Death is said to have occurred on the date stated above at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Accidental Death

Pneumonia Date of onset

Lobar 1st degree Feb 27

Other contributory causes of importance:

2nd degree burns Feb 27th

Chronic Myocarditis

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide: Accident Date of injury Feb 27 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Cut Stove

Nature of injury Cut burn death

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Lizik Coroner M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 E. 98999 Lenore D. White ✓ E. 98999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 St Paul St., 12 Ward)

Length of residence in city or town where death occurred 50 yrs. 9 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lenore Doyle White

(a) Residence: No. 2800 St Paul St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr. E. M. White Jr.

6. DATE OF BIRTH (month, day, year): May 24 1883

7. AGE: Years 50 | Months 9 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): None
11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: James C. Doyle
14. BIRTHPLACE (city or town) (State or country): Balti. Md.

MOTHER

15. MAIDEN NAME: Lenore Triffitt
16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Dr E M White Jr
(Address): 2800 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Pk Date: Mar 5 1934

19. UNDERTAKER: Stewart Monk Co
(Address): 1830 Mont Ave

20. FILED: 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933 to March 3, 1934. I last saw her alive on March 2, 1934. Death is said to have occurred on the date stated above, at 7 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	1925

Other contributory causes of importance:

Metastatic Carcinoma Bowel + Stomach

Name of operation: Amputation Breast Date of: 1925

What test confirmed diagnosis? Exper Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard G. Corbett, M. D.
(Address) Catholic Apts.

V. S. 3

Information should be carefully supplied. All items should be filled. Particularly should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12 E. 99000 E-99000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mt Hope Retreat St., 28 Ward)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 63 yrs. 6 mos. 13 ds.

2. FULL NAME Jane Margaret Kirk

(a) Residence: No. Mount Hope Retreat St., 28 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 19-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	15 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

FATHER

13. NAME Wm. Paul Kirk

14. BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

MOTHER

15. MAIDEN NAME Teresa Turner

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mt Hope Retreat Baltimore
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date March 19 34

19. UNDERTAKER Howard Murphy
(Address) 106 W Fayette

20. FILED MAR 5 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1929 to Mar 4 1934

I last saw her alive on Mar 4 1934 Death is said to have occurred on the date stated above, at 1.15 P m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

~~Membranous laryngotracheitis~~ ~~Synophoid pseudoleukemia~~ 3 days

Agranulo-Cytic Angina 3 days

Other contributory causes of importance: Jan 31/29

Paranoid Personality

Moderate degree of Atherosclerosis and Hypertension

Name of operation Date of

What test confirmed diagnosis? autopsy findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Glasser M. D.

(Address) 316 Professional Bldg

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Missing

#E 99001

M. D. B. 19 E. 99002 ✓ E. 99002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH Good Shepherd Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St., 14-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Tyler

(a) Residence: No. 1526 Druid Hill Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River, Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) West River, Md.

17. INFORMANT Charles Willis

(Address) 539 Cumberland St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. 3/5 19 34

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Preston St

20. FILED MAR 5 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 1 , 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-6 , 1934 to 3-1 , 1934

I last saw her alive on 3-1 , 1934 Death is said to have occurred on the date stated above, at 10:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio renal,	12 yrs
Hypertensive	14 yrs
Vascular disease	14 yrs.

Other contributory causes of importance: Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert E. Brown , M. D.

(Address) 023 N Stricker St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. H. 1209

E 99003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99003

CERTIFICATE OF DEATH

178-001

Registered No.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital St., 8-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 17 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Harriett Pulley

(a) Residence: No. 1113 N. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James W. Pulley

6. DATE OF BIRTH (month, day, year) Feb 14/54 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chase, Md.

FATHER

13. NAME Emory Walker

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Harriett ???

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Emma Curtis
(Address) 1650 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Chase Md. Date 3/6 34

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pierstman St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2/34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h.. alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 10.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure- Pulmonary Odema	

Other contributory causes of importance:

Illuminating Gas Poisoning 20 hrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Feb 28/34

Where did injury occur? in her home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Leak from gas main in street

Manner of injury in front of her home.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. K. Gallion M. D.
Attending Physician or Coroner

(Address) 1086 Fremont Ave

M. D. B. 1 E 99004 OSCAR S. KERCHNER E 99004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) 27-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .. yrs .. mos .. ds. How long in U. S. If of foreign birth? .. yrs .. mos .. ds.

2. FULL NAME Oscar S. Kerchner

(a) Residence: No. 6053 Falls Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George H. Kerchner

14. BIRTHPLACE (city or town) (State or country) Shrewsbury Pa

MOTHER

15. MAIDEN NAME Minnie Harbel

16. BIRTHPLACE (city or town) (State or country) Shrewsbury Pa

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Shrewsbury, Pa. Date March 6, 1934

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

FILED Huntington Williams MAR 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1934 to March 4, 1934

I last saw him alive on March 4, 1934 Death is said to have occurred on the date stated above, at 4:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, type II Bilateral	6 days
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I. D. Magill M. D.

(Address) Balt City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. 12 E. 99005

E. 99005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Hollins St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Bents

(a) Residence: No. 1318 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George M. Bents

6. DATE OF BIRTH (month, day, year) July 4th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John W. Bents

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Martha Lacs

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr. George M. Bents

(Address) 1318 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/3/, 1934

19. UNDERTAKER John F. Conaughton

(Address) 901 Hollins St.

FILED MAR 5 - 1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1/, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/1/, 1933 to 3/1/34, 19

I last saw h-r alive on 3/1/34, 19. Death is said to have occurred on the date stated above, at 11:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Years

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard F. Curry, M. D.

(Address) 9 Old Lombard

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. D 1268 E 99006 ✓ E 99006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. 21-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1166 Sargent St St. 21 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Northcraft Legg

(a) Residence: No. 1166 Sargent St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mle	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Gertrude E. Legg.

6. DATE OF BIRTH (month, day, year) September 17 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Unemployed)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John J. Legg

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth O Boyden

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Gertrude E. Legg

(Address) 1166 Sargent St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date 3/5/ 1934

19. UNDERTAKER Edward Conway & Son

(Address) 900 S. Gaither St.

FILED Mar 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Embolus	March 2-34

Other contributory causes of importance:

Arterio Sclerosis	about 1 Year

Name of operation Inguinal Date of March 2-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 So. Broadway

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. B. E-99007

Whittaker

E 99007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 578 Preston St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Whittaker

(a) Residence: No. 578 Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisa Whittaker

6. DATE OF BIRTH (month, day, year): 7/8/58

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 01?

10. Date deceased last worked at this occupation (month and year): 2/24/34

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Barbadoes W.I.

MOTHER

13. NAME: Sam Whittaker

FATHER

14. BIRTHPLACE (city or town) (State or country): Barbadoes

MOTHER

15. MAIDEN NAME: Amelia Mapel

16. BIRTHPLACE (city or town) (State or country): Barbadoes

17. INFORMANT: Louisa Whittaker
(Address): 578 Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: 3/6/34 19

19. UNDERTAKER: Chas G. Cooksie
(Address): 514 N. Calhoun St

20. FILED: MAR 5 1934 21. [illegible] Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/4/34

22. I HEREBY CERTIFY, That I attended deceased from 2/24/34 19 to 3/4/34 19

I last saw him alive on 3/4/34 at 7 P.M. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Lobar Pneumonia	7 da

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Elzi M. D.

(Address) 524 Park Ave

M. D. E 99008

E 99008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 131

Registered No. 17-61

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 5 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. William M. Coles

(a) Residence: No. 518 Pearl St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Louis K. Coles

6. DATE OF BIRTH (month, day, year) Sept. 20 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sexton 370

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.E. Cathedral

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Coles

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Coates

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Louis K. Coles

(Address) 518 Pearl St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Mar. V 34

19. UNDERTAKER Harry W. Tyler

(Address) 1744 W. Baltimore

[illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3- 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-1- 1934 to 3-3- 1934

I last saw him alive on 3-3- 1934. Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2-26-34
Other contributory causes of importance: Chronic Nephritis Uremia	-

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Md Gen Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 5 1934

M. D. F 99009

HEALTH DEPARTMENT—CITY OF BALTIMORE F 99009

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Fillmore St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene John Brooks

(a) Residence: No. 1136 Fillmore St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	~~black~~ white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29.33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	2 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William A. Brooks

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Pearl M. Still

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Pearl M. Brooks

(Address) 1136 Fillmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 3-5-34

19. UNDERTAKER Wendell E. Humphrys.

(Address) 501 N. Broadway

20. FILED MAR 6 - 1934 (Signed) Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... 19... before 7 A.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Bronchopneumonia	5 days
Primary	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) 508 E Fayette

M. D. B. 1268-9

E 99010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99010

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 Eastern Ave St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sylvia Amelia

(a) Residence: No. 1927 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 27 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Marion Amelia

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lydia Ciesla

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Marriano Amelio

(Address) 2927 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Mch 5 1934

19. UNDERTAKER Wodlazowski

(Address) 1930 Eastern Ave

20. FILED MAR 5 - 1934 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B B Herzog M D Coroner, M. D.

(Address) 1305 N Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 99011

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99011

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 619 N Spring ST., 5-01 (WARD)

2-FULL NAME Chas Jerry Johnson

(a) RESIDENCE NO. 619 N Spring ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Johnson

6 DATE OF BIRTH (month, day, and year) Sept 8, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	— 5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer) Commission Merchant

(c) Name of employer Woodland & Co

9 BIRTHPLACE (city or town) ... Balto Md
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Harry Johnson Son
(Address) 1242 McElderry St

15 Filed MAR 5 - 1934 Actg. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1934

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934, to March 2, 1934, that I last saw h[illegible] alive on March 1, 1934, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis (Chronic)

(duration) 5 yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hemiplegia, Chronic Hypertension

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R H Grundy M. D.

3/3, 1934 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson's Ben C.A.Co.

DATE OF BURIAL 3-6-34

20 UNDERTAKER Wm. Jos. S. Locke

ADDRESS 502 Jefferson St.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-38—M. 5000

E 99012 ✓ E 99012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 N. Bruce ST. 19-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Creacy Dunston

(a) RESIDENCE NO. 319 N. Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Axon Dunston

6 DATE OF BIRTH (month, day, and year) Feb 22, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic Opr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tillery, N. C.

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tillery N.C.

12 MAIDEN NAME OF MOTHER Ruthie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tillery N.C.

14 Informant Christopher Dunston (Address) 319 N. Bruce St

15 Filed MAR 5 1934, 19 Huntington Matthews, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1934

17 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1934, to March 3, 1934, that I last saw h[illegible] alive on March 2, 1934, and that death occurred, on the date stated above, at 5.35 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. Maceo Williams M. D.

3-3 1934 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary — DATE OF BURIAL 3-7 1934

20 UNDERTAKER Mrs. Jos. F. Lobs. — ADDRESS 352 Jefferson St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. E-99013

E 99013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 22-01 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Muckins

(a) Residence: No. 718 Bevan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 6, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ashland Va

FATHER

13. NAME Carter Muckins

14. BIRTHPLACE (city or town) (State or country) Ashland Va

MOTHER

15. MAIDEN NAME Lucy Winston

16. BIRTHPLACE (city or town) (State or country) Ashland Va

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date 3/5/34 19

19. UNDERTAKER Isaiah L Brown - Sr.

(Address) 108 W Montgomery St

MAR 6 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 11. 1934 to Feb 28. 1934

I last saw him alive on Feb 28. 1934 Death is said to have occurred on the date stated above, at 4.00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Nephritis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) T Phaneuf M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. F. 1268-2

G.L - 4302 ✓

E 99014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99014

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2412 Liberty Heights St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

2. FULL NAME Mary Richmond

(a) Residence: No. 2412 Liberty Heights Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work 39

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Meyer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Levi

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Levi Son

(Address) 1434 E. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Md Date 3/6/34 19

19. UNDERTAKER Jack Levi Inc

(Address) 1434 E. Baltimore

20. FILED MAR 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-34 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1932 to Mar. 5 1934

I last saw h alive on Mar. 5 19 34 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs.
	7 m.
Other contributory causes of importance:	
Acute cardiac dilatation	1 day

Name of operation None (Surgical findings) Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Benjamin Hurtig M. D.

(Address) 20 30 Wilkens Ave

M. D. Form 4 E 99015

HEALTH DEPARTMENT—CITY OF BALTIMORE E 99015

CERTIFICATE OF DEATH

Registered No. 170

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Penna R.R. Near Broadway St. 6-ol (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Benjamin Bronstein
(a) Residence: No. 431 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rag Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irving Bronstein (son)
(Address) 431 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Pimlico Rosedale Date 3/5/34, 19

19. UNDERTAKER Jack Lewis Inc.
(Address) 1439 E. Balto St.

20. FILED, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on about 7.33 A.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- hemorrhage	

Other contributory causes of importance:
Probably suicide- lately returned from Springfield Hospital for Insane.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Train passed over body, severing same thru abdomen.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joh[illegible] Coroner, M. D.
(Address) 508 E. York

INSTRUCTIONS.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1269-9

E. 99016 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 99616

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 E. 32. St., 9-05 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. 4 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Lingenfelder

(a) Residence: No. 1722 E. 32 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	4	3	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Lingenfelder

6. DATE OF BIRTH (month, day, year) Oct 28 1846

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Lingenfelder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A ~~Smith~~ Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Archibald L. Lingenfelder

(Address) 1722 E. 32 St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Mar 5th 1934

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED ... 19... Registrar.

MAR 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933 19... to March 1 1934

I last saw him alive on Feb. 27 1934 Death is said to have occurred on the date stated above, at 9 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1932

Other contributory causes of importance:

Old arterio-sclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ~ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo. L. Brunenmeyer M. D.

(Address) 1538 Hanover St

Cor.—10-10-29—A Co.—100 Blks.

E 99017

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99017

CERTIFICATE OF DEATH

93-004

1-PLACE OF DEATH

City of Baltimore: (No. 232 Laurens St. 14-01 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Lytle

(a) RESIDENCE NO. 232 Laurens St., Ward

(Usual place of abode) about 73 (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Lytle

6 DATE OF BIRTH (month, day, and year) ?

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
about 73			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

PARENTS

10 NAME OF FATHER Robert A. Lytle

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Maria Todd

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Mrs. Grace Ellinger (Daughter)
(Address) 232 Laurens St.

15 Filed MAR 5 - 1934, 19 Thurston Phillips Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 3, 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Hal Leach M. D.

Mar 3 1934 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Mar. 6, 1934
20 UNDERTAKER	ADDRESS
John B. Denny	715 Lidde

M. D. B. 1268-9

E 99018 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99018

CERTIFICATE OF DEATH 71-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Mulseed.

(a) Residence: No. 31 3/4 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth R. Mulseed

6. DATE OF BIRTH (month, day, year) Aug. 5, 1880.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME George S. Mulseed.

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Eliz. S. Litherbury

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Wife. Elizabeth R. Mulseed
(Address) Same as above.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date March 6, 1934

19. UNDERTAKER George T. Little
(Address) 370 Edmondson Ave

20. FILED MAR 5 - 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4-1934

22. I HEREBY CERTIFY, That I attended deceased from 7/25/33, to 3-4-1934

I last saw him alive on 3-4-1934 Death is said to have occurred on the date stated above, at 2.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia.	1924
Contused abrasion.	1

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Calvert A. Foster M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 99019 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 99019

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward) 21-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Hicks

(a) Residence: No. 760 Ramsay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, year) Sept 12 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52 (52)	~~5~~	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm Heilmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary D Heilmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Isaac H Hicks

(Address) 760 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 6 1934

19. UNDERTAKER Bernard J Smith

(Address) 784 Washington Blvd

Filed ... 19... Registrar ...

MAR 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1934 to Mar. 3 1934

I last saw her alive on Mar. 3 1934 Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia
Chronic Nephritis
Hypertension

Date of onset 3-1-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Nathan Ramsay M. D.

(Address) Franklin Square Hospital

M. D. B. 1268-9

E 99020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. University Hosp. St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Singleton

(a) Residence: No. 1719 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) Oct. 12 1877?

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or min.
	?56	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va Md.

FATHER

13. NAME Jarett Clayman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Marshall E. Singleton
(Address) 1719 Division

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar. 6/ 1934

19. UNDERTAKER Mrs. George H. Pollard
(Address) 1613 Druid Hill Ave

20. FILED MAR 5 - 1934 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934. to March 3, 1934.

I last saw h.. alive on March 3, 1934. Death is said to have occurred on the date stated above, at 4 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Arteriosclerosis	
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Stanbrough Jr. M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V S 3

E 99021

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99021

CERTIFICATE OF DEATH.

131

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Druid Hill Ave ST. 401 WARD)

2-FULL NAME Owen Woodward

(a) RESIDENCE NO. 1505 Druid Hill ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Johnson

6 DATE OF BIRTH (month, day, and year): Nov. 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Samuel Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Nancy Ann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: John Woodward
(Address): 1505 Druid Hill Ave

15 Filed MAR 5 1934 H. Easton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 3 1934

17 I HEREBY CERTIFY, That I attended deceased from 2/11, 1934, to 3/3, 1934, that I last saw h[illegible] alive on 3/3, 1934, and that death occurred, on the date stated above, at 11:[illegible] m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis + Uremia

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

3/5, 1934 (Address) 2334 Dk. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Mar. 7 1934

20 UNDERTAKER: H. Lange & Hollan — ADDRESS: 1051 Druid Hill

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E. 99022

E. 99022 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Druid Hill Ave St., 11-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Bishop

(a) Residence: No. 1213 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snow Hill Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriett Bishop

16. BIRTHPLACE (city or town) (State or country) Snow Hill Md

17. INFORMANT William Bishop
(Address) 1213 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 5 /. 1934

19. UNDERTAKER Mrs. Lorge H. Holland
(Address) 1631 Druid Hill Ave

20. FILED MAR 5 - 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to March 1 1934

I last saw h e alive on March 1, 1934 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Myocarditis	?
	?

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edw. J. Whalley, M. D.
(Address) 1230 N. Hilton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item must be filled in. If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99023 232301

CERTIFICATE OF DEATH

E 99023

82-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. Nurses St. 10-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond Powell

(a) Residence: No. 1043 Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle E. Powell

6. DATE OF BIRTH (month, day, year) 3/22/1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME James Powell

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Anna Hockenberry

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Mar 5 1934

19. UNDERTAKER John Allers
(Address) 2044 Orleans

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 . 1934 to Feb. 27 . 1934

I last saw him alive on Feb. 27 . 1934 Death is said to have occurred on the date stated above, at 8 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	Feb. 27

Other contributory causes of importance:

Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Carmichael Lightman M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 39024

E 39024

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131, West Montgomery St.) (7-7-91 Ward)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Leroy Durham

(a) Residence: No. 131 W. Montgomery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Durham

6. DATE OF BIRTH (month, day, year) May 13-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Columbus Durham

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Reichstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Augusta Durham
(Address) 131 W Mont Gomery

18. BURIAL, CREMATION, OR REMOVAL
Place M T Olivet Date Mar 7, 19 37

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4, 1937

22. I HEREBY CERTIFY, That I attended deceased from February, 1937 to March, 1937

I last saw h.m alive on 3-4, 1937. Death is said to have occurred on the date stated above, at 9:25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	Apx
Colon	February
	1933

Other contributory causes of importance:

Intestinal Obstruction

Name of operation Colostomy Date of March 1933

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify) ...

(Signed) Isaac Ruller, M. D.

(Address) 1228 S Charles ST

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 99025 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99025

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 37 E Barney St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. E. Schwark

(a) Residence: No. 37 E Barney St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John G. Schwark

6. DATE OF BIRTH (month, day, year): Dec 4 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Aug Engelmann

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dora Kuss

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT Mr Wm E Schwark

(Address) 702 Brunsby St

18. BURIAL, CREMATION, OR REMOVAL

Place Dear Hill Cem Date Mar 5 1934

19. UNDERTAKER John Wenck

(Address) 200 [illegible] Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1934 to Mar 2 1934

I last saw her alive on Mar 2 1934 Death is said to have occurred on the date stated above, at 10 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 Hr.
Other contributory causes of importance: Exhaustion	2 Days.

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury — 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed) H. E. Engelhardt M. D.

(Address) 1644 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

E 99026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 99026

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2043 Eliftwood Ave St., 8-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Woherty

(a) Residence: No. 2043 Eliftwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Joseph Woherty

6. DATE OF BIRTH (month, day, year) Jan 1 - 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Havlin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Farrin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John W. Woherty

(Address) 2043 Eliftwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 6 1934

19. UNDERTAKER Leo J. Leo ok

(Address) 1723 N. Eutaw Park Ave

FILED 1934 [illegible] 5 434

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-34

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to 3-2-34

I last saw h[illegible] alive on 3-2-34 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Cause Unknown	Jan
Dry Gangrene	1-34
(Other contributory causes of importance:)	
Arteriosclerosis	
acute Cardiac Dilatation	Feb

Name of operation [illegible] Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 99027

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99027

CERTIFICATE OF DEATH

V 66-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 Pelham ave St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 7 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Ortman

(a) Residence: No. 2813 Pelham ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George M. Ortman

6. DATE OF BIRTH (month, day, year) August 1 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William F. Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George M. Ortman

(Address) 2813 Pelham ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date March 6 19 34

19. UNDERTAKER Henry Disney & Son

(Address) 1301 E Eager St

20. FILED MAR 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1933 to March 3 1934

I last saw her alive on March 2 1934. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Cerebral Embolism	
Cardiac Hypertrophy Dilatation	
Myocardial Insufficiency	
Other contributory causes of importance:	
Secondary anemia	
Surgical Coma	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter A Anderson M. D.

(Address) 3001 Shannon Drive

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. E 99028

E 99028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Charles Joseph Buschman

(a) Residence: No. 706 Granby Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/28/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		5 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Raymond L. Buschman

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Liliam R. McDermott

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr. Raymond L. Buschman

(Address) 706 Granby St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date March 5 1934

19. UNDERTAKER Henry Heck & Sons, Inc.

(Address) 1301 E Eager St

19 Huntington Ave. Williamsport, Pa.

MAR 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/28 1934 to 3/3 1934

I last saw him alive on 3/3 1934 Death is said to have occurred on the date stated above, at 4:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Anamolies i. e.	
Patent Ductus Arteriosus	
Patent Foramen Ovale	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Aloha K. Crowther M. D.

(Address) Bon Secours Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

M. E 99029

E 99029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lyndenhurst Hospital — Registered No. 19-91

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Johnson

(a) Residence: No. 506 N. Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 11, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Talbot County Md

MOTHER

15. MAIDEN NAME Mollie Jones

16. BIRTHPLACE (city or town) (State or country) Talbot County Md

17. INFORMANT William Johnson

(Address) 506 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar. 5, 1934

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 327 N. Schroeder St.

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 22 1934 to March 2, 1934

I last saw her alive on March 2, 1934. Death is said to have occurred on the date stated above, at 6.05 A.M.

The principal cause of death and related causes of importance are as follows:

	Duration
Pertussis	7 days
Bronchopneumonia	7 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 99030

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99030

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name) Baltimore City Hospitals (or) (Ward) 7-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Jacobs

(a) Residence: No. 1820 E Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Anna E. Jacobs

6. DATE OF BIRTH (month, day, year): Sept 7-1853

7. AGE: Years: 80; Months: 5; Days: 25; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Jacob

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Records

(Address): Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 3-6-1934

19. UNDERTAKER: Leonard Rupp

(Address) 5305 Harford Rd

19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1934 to March 2, 1934

I last saw him alive on March 2, 1934 Death is said to have occurred on the date stated above, at 3:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile psychosis - delirium	2 hrs
Pleuro-pneumonia	?
Myocardial insufficiency	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) Balt City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 5 - 1934

M. D. B. 1268-9

E 99031

E 99031

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 46

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

Length of residence in city or town where death occurred 57 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christian Dietrich

(a) Residence: No. 1621 N. Gilmore St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) of Mrs. Christian Dietrich

6. DATE OF BIRTH (month, day, year) Jan. 29, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) Feb. 1939

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Dietrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wife
(Address) 1621 N. Gilmore St

18. BURIAL, CREMATION, OR REMOVAL
Place Westview Date 3/5/39

19. UNDERTAKER A. B. Blanford, Sons
(Address) 300 Eutaw Place

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1939 to Mar 1, 1939

I last saw him alive on Mar 1, 1939 Death is said to have occurred on the date stated above, at 10:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1929
~~Colostomy~~	~~2-24-39~~
~~Ileopsoid Fistula~~	~~3-1-39~~

Other contributory causes of importance:

Name of operation Colostomy Date of 2-24-39

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Richard Hance, M. D.

(Address) Union Memorial Hospital

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R5 1024

M. D. B. 1268-9

E 99032

E 99032 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital Wilkens & Caton Aves — Registered No. V 59

CITY OF BALTIMORE: (No. ..... St., 7 Ward) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 6 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry C. Finch

(a) Residence: No. 6301 Bellona Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bertha Finch

6. DATE OF BIRTH (month, day, year): Aug 21 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C. T. Houghton Co.

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Finch

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Katherine Ruppel

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Herbert A. Finch

(Address) 6301 Bellona Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Date 3/6/34

19. UNDERTAKER: F. B. Wagner Son

(Address) 324 Eutaw Place

(Signed) Clinton Williams M.D.

(Address) 1 E. Lexington St. Registrar.

MAR 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1934 to ..... 19....

I last saw him alive on March 3, 1934 Death is said to have occurred on the date stated above, at 1 20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Other contributory causes of importance: Diabetic Coma	4/3/17

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Colin C. Dunlop M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1248-9

E 99033

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99033

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Walter Lynn

(a) Residence: No. 1200 Madison ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Lynn

6. DATE OF BIRTH (month, day, year) Dec. 26, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Charles Lynn

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Hannah Carthan

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Med College Date March 1 1934

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] 1934 [illegible] Registrar.

017

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28 1934

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1933 to February 28, 1934

I last saw him alive on February 28, 1934. Death is said to have occurred on the date stated above, at 9.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Aug 1933
Other contributory causes of Importance:	
Pulmonary Hemorrhage (fatal)	Feb. 28 1934

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 99034

E 99034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St., 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Earl Gruss

(a) Residence: No. 830 Park St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	col	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma. dtr.

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	34		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ann Arundel Co.

FATHER

13. NAME Thomas Gruss

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Barnet. ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hosp record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date March ... 1934

19. UNDERTAKER

(Address)

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27 ... 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/23 ... 1934 to 2/27 ... 1934

I last saw him alive on 2/27 1934 Death is said to have occurred on the date stated above, at 4 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Spine	2 yrs.
Other contributory causes of importance: Broncho pneumonia	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. M. Barger M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

66

3-19.9170 3

M. D. B. 1268-9

E 99035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99035

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 N. Arlington Ave Ward) 159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Simmons

(a) Residence: No. 1012 N. Arlington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 1, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Simmons

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Ethel Murdock

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place M. Med College Date Mar 5, 1934

19. UNDERTAKER
(Address)

20. FILED MAR 5 1934 [illegible] Registrar

0168

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1934 to Mar 1, 1934

I last saw her alive on Mar 1, 1934. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 month baby)	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Alexander Lovely M. D.

(Address) 1516 Madison Ave.

R. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 99036

E 99036 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME TIMOTHY J. MALONE

(a) Residence: No. 2013 Cecil ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	Widower

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Gertrude Dougherty

6. DATE OF BIRTH (month, day, year) Oct 8, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) x

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Conn

FATHER

13. NAME Timothy J. Malone

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Griffin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mercy Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date March 6, 1934

19. UNDERTAKER (Address) Wesley Fahey & Sons 1911 W. Fayette Ave.

MAR 5 - 1934

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.3.34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2.1.34 . 19 . to 3.3.34 . 19

I last saw h~~im~~ alive on 3.3.34 . 19 . Death is said to have occurred on the date stated above, at 6:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	

Other contributory causes of importance:

Carcinomatosis

Name of operation gastroenterostomy Date of 2.28.34

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph V. Colt, Jr. M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 99037

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99037

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Morris Sessions, JR.

(a) Residence: No. 3414 Wabash Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) February 9th 1934

7. AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. or 30 min.
	0	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME John Morris Sessions

14. BIRTHPLACE (city or town) Balto Md.
(State or country)

MOTHER

15. MAIDEN NAME Margaret Doob

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Mother
(Address) 3414 Wabash Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date March 5 1934

19. UNDERTAKER J. P. Doran
(Address) Biddle & Balto St.

20. FILED MAR 5 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4/34

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1934, to 3-4, 1934.

I last saw him alive on 3-3-34, 19 . Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Internal inguinal hernia right	3-3-34
Other contributory causes of importance:	

Name of operation Resection of Ileum Date of 3-3-34

What test confirmed diagnosis? tubal anastomosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Suzanne Deering M. D.

(Address) Union Memorial Hospital

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 99038

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99038

CERTIFICATE OF DEATH.

92-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3516 Fairmount Ave (St.) 20-61 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma R. Moulton

(a) RESIDENCE. NO. 3516 Fairmount ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of: Chas Oscar Moulton

6 DATE OF BIRTH (month, day, and year): Jan 13 1861

7 AGE: Years 73; Months; Days 21; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Near Hartford Co Md.

PARENTS

10 NAME OF FATHER: John Stokes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co Md.

12 MAIDEN NAME OF MOTHER: Rebecca Scarborough

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co Md

14 Informant: Oscar Moulton
(Address) 3516 Fairmount Ave

15 Filed: MAR 5 - 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 4 1934

17 I HEREBY CERTIFY, That I attended deceased from Feb 16 1934 to Mar 4, 1934, that I last saw h[illegible] alive on Mar 3, 1934, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Senility. Arteriosclerosis
Mitral Stenosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Smith, M. D.

(Address) 2356 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Broad Creek Cem Harford Co

DATE OF BURIAL: 3/7/34

UNDERTAKER: H. S. Bailey

ADDRESS: Darlington Md.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 99039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99039

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 46-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Gross

(a) Residence: No. 791 Sarah Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 22, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

FATHER

13. NAME Edward Gross

14. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

MOTHER

15. MAIDEN NAME Sarah Barker

16. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

17. INFORMANT Records (Address) Balt. City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place 114 Auburn Cem Date 3/7 1934

19. UNDERTAKER Samuel T. Hemsley (Address) 518 N Biddle St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1934 to March 4, 1934

I last saw him alive on March 4, 1934 Death is said to have occurred on the date stated above, at 1:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency ?	?
Myocardial Insufficiency & congestive failure	6 wks
Other contributory causes of importance:	
	14 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phuget M. D.

(Address) Balt. City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

E 99040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99040

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Brantley St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabella Dye

(a) Residence: No. 1000 Brantley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Hall

14. BIRTHPLACE (city or town) (State or country) Arundel Co.

MOTHER

15. MAIDEN NAME Not None

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elroy C Wilson

(Address) 1000 Brantley ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 5th 1934

19. UNDERTAKER Elroy C Wilson

(Address) 1000 Brantley ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1934 to Mar 2, 1934

I last saw her alive on March 2, 1934. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Interstitial Nephritis	2/4/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ... 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. N. Hafeli M.D.

(Address) 1225 Pennsylvania Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 99041

282124

Ped

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99041

CERTIFICATE OF DEATH

157-004

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Vecchioni

(a) Residence: No. 1624 N. Chapel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — 11-3-1933

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-	24	- 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Rudy Vecchioni

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Margaret Monaco

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Family

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 3-6-34, 19

19. UNDERTAKER [illegible] & Rastelli

(Address) [illegible]

20. FILED MAR 5 1934, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-15-, 1934 to 3-4-, 1934

I last saw him alive on 3-4-, 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation (Absence of left chest)	birth
Other contributory causes of importance:	
Pneumonia	1 week

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maxe S. Hecht M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1208-9

E 99042

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99042

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814-E. Madison Street St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Louis Di Stefano

(a) Residence: No. 814-E. Madison Street St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lorretta Di Stefano

6. DATE OF BIRTH (month, day, year) April 6th, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	25	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Ottaro Di Stefano

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmela Bucci

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Lorretta Di Stefano
(Address) 814-E. Madison Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3/6/34 19

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] Registrar

MAR 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1934 to March 3, 1934

I last saw him alive on March 2, 1934 Death is said to have occurred on the date stated above, at 6 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	?
Other contributory causes of importance: acute Bronchitis	2/28/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Eugene L. Pessagno M. D.

(Address) 514 Drury Lane

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 99043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99043

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary) Ward 121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 3 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Cecelia Lauder

(a) Residence: No. 3123 East Monument Street, Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Lauder

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michal Barzyp

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Antonina Wontasyak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakdawn Date 3/7 34

19. UNDERTAKER John J. Lynch
(Address) 2011 Gilmor St

20. FILED MAR 5 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27 1934 to March 3 1934.
I last saw her alive on March 3 1934. Death is said to have occurred on the date stated above, at 11 55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis, ruptured abscess, Peritonitis (Streptococcus hemolyticus)	2-27-34

Other contributory causes of importance:

Name of operation Resection of ileum Date of operation 2-28-34
Tuberculous abscess
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Gerald F. Gorman M. D.
(Address) Church Home & Inf.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 99044

E 99044 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital 108 V

CITY OF BALTIMORE: (No. ..... St., 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of stay in city or town where death occurred 40 yrs. 5 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. E. S. Geoghegan

(a) Residence: No. 1803 Covington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX [redacted]

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Geoghegan

6. DATE OF BIRTH (month, day, year) July 4, 1893

7. AGE — Years 40 | Months 8 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B & O Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Geoghegan

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Geoghegan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Grace Geoghegan (Address) 1803 Covington St

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date March 7 19...

19. UNDERTAKER A. Leonard Evans (Address) [redacted]

20. FILED ... 19... Registrar.

MAR 3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4 1934 to Mar. 4 1934

I last saw him alive on Mar. 4 1934 Death is said to have occurred on the date stated above, at 7.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (R. Lung)	2/27/34
Toxemia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Langfitt, M. D.

(Address) Univ. Hosp.

I. B. WHITE LEADER, WITH THE CO-OPERATION OF THE VITAL STATISTICS RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 99044

M. D. B 1268-9

E 99045

E 99045 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S Chester St., 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maryanna Brozoslick

(a) Residence: No. 312 S Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 3 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Casper Brozoslick

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Julia Nagrabski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Brozoslick

(Address) 312 S Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 7, 1934

19. UNDERTAKER John M Welby

(Address) 401 S Chester St

19a. FILED MAR 5 1934 Registrar.

AR 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Muscular Atrophy	

Other contributory causes of importance:

Syphilis	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) F E Kerr M.D. Coroner

(Address) 1305 N Patterson Park Ave

M. D.

Blots, erasures, interlineations, or failure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 99046

E 99046 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joshua Wilson

(a) Residence: No. 513 Baker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia, Va.

FATHER

13. NAME Mr Crosby

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mr Crosby

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

3/16/34

18. BURIAL, CREMATION, OR REMOVAL

Place Dougl Co Med College Date Mar 5, 1934

Mr Johnson 1306 Mad Ave

19. UNDERTAKER

(Address)

20. FILED ... 19...

Registrar.

0175

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-2-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-26-34, 19... to 3-2-34, 19...

I last saw him alive on 3-2-34, 19... Death is said to have occurred on the date stated above, at 2 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostasis Lungs	
Valvular Heart Disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Willis [illegible] Rogers M. D.

(Address) Provident Hospital

APR - 1934

S. B.—WRITE PLAINLY, with pen and ink, in a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1248-9

E 99047

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 99047

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH Sinai Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martin F. Healy

(a) Residence: No. 540 N. Gay St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Virginia A. Healy

6. DATE OF BIRTH (month, day, year) Unknown 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Criminal Court

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Dennis Healy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Byrnes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wife Healy
(Address) 540 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date March 7, 1934

19. UNDERTAKER Chas. F. Kraus & Son
(Address) 114 N. Mt. Royal Ave

FILED MAR 5 1934 Evington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/3/34, 19..., to 3/4/34, 19...

I last saw him alive on 3/4/34, 19... Death is said to have occurred on the date stated above, at 9:47 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/27/34
Type undetermined	
Arteriosclerosis	
Cardiac Hyper & Dilat.	
Other contributory causes of importance: Cardiac Insufficiency	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Katzenellen, M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, with unfading ink. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 5

Spec.—1-10-21—M&T—1500 Blks.

E 99048

HEALTH DEPARTMENT—CITY OF BALTIMORE

99048

V 131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Nursery and Child's Hosp. ST. 20-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Sarah Higgins

(a) RESIDENCE No. Nursery and Child's Hosp. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of =SINGLE=

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Practical Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Child care

(c) Name of employer Nursery + Child's Hosp.

9 BIRTHPLACE (city or town) (State or country) Vienna Dorchester Co., Md.

PARENTS

10 NAME OF FATHER not known.

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known.

12 MAIDEN NAME OF MOTHER not known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known.

14 Informant Mrs. Ann Marshall (Address) Nursery + Child's Hospital

15 MAR 5 - 1934 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1934

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20 . 1934 . to March 4 . 1934 .

that I last saw her alive on March 4, . 1934 .

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Cardio-vascular Renal disease

Senility (duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. C. Forsyth, M. D.

, 19 (Address) 710 Liberty Hts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL March 6, 1934

20 UNDERTAKER George F. Smith ADDRESS Woodlawn Place

Name, residence and business address of informant should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 99049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99049

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 W. Lanvale St. St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret J. Byrd

(a) Residence: No. 1822 W. Lanvale St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William R. Byrd

6. DATE OF BIRTH (month, day, year) Sept. 15. 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Selby A. Byrd

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Amanda Kelly

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Wm. R. Byrd
(Address) 1822 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3-6-34 19

19. UNDERTAKER John C. Whitehill Co.
(Address) 1900 Eutaw Place

20. FILED Mar 6 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch - 3 - 1934

22. I HEREBY CERTIFY, That I attended deceased from June - 1 - 1933 to Mch - 3 - 1934

Last saw h alive on Mch - 3 - 1934 Death is said to have occurred on the date stated above, at 11.30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus and appendages —	6 months
Other contributory causes of importance:	
Myocardial degeneration —	2 years

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Martin Ed. Black M. D.

(Address) 806 Gilmor ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

M. D. B. 1268-9

E 99050

E 99050 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 W. North Ave. St., 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Pryor Barton

(a) Residence: No. 2204 W. North Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, year): June 9. 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Wm. H. Barton

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Eliz. McGowan

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Lewis P. Barton

(Address) 1325 Grand Ave. Fort Worth Texas

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 3-6-34 19....

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place.

20. FILED Mar 5 1934 Huntington Pollevue, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mch. 3. 34 . 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2nd . 19.. to Mar 3rd . 19..

I last saw h.. alive on Mar. 31 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic parenchymatous nephritis	1 yr.
Other contributory causes of importance: Arteriosclerosis.	2 yrs.

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Seymour Pesch, M.D. M. D.

(Address) 2202 W. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 99051

99051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1349 Sargent St. St. Louis H. Gaigley 21-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis H. Gaigley

(a) Residence: No. 1349 Sargent St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Hoban

6. DATE OF BIRTH (month, day, year) Feby. 20. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	no	11/3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Gaigley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Myers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth H. Gaigley
(Address) 1349 Sargent St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemy. Date 3-6-34 19

19. UNDERTAKER John C. Mitchell Funeral
(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

AR 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March. 3. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1933 to March 3, 1934
I last saw h. in alive on March 2, 1934 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertensive Cardio renal disease with marked myocardial degeneration	about 1929

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Sign & Sx Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Probably If so, specify Pt. was a painter

(Signed) M. D.

(Address) 1324 W. Lombard St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 99052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99052

CERTIFICATE OF DEATH

XV 107-001

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ramon George (Ramon Humes George, Jr.)

(a) Residence: No. 123 Belmar Ave St., Ward. Balto. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 8, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	16 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Ramon H. George

14. BIRTHPLACE (city or town) Steelton (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Anna D. Smith

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. Ramon George

(Address) 123 Belmar Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date March 6 1934

19. UNDERTAKER Robt H. Koob

(Address) 1003 W. Baltimore St.

20. FILED MAR 5 1934

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) March 4 1934

22. I HEREBY CERTIFY, That I attended deceased from January 18 1934 to March 4 1934

I last saw him alive on March 4 1934. Death is said to have occurred on the date stated above, at 5-10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Congenital brain defect?	
2. Convulsions	
3. Bronchio-pneumonia (terminal)	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Waechter M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ E 99053

E 99053 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924.S Binney St St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sigmund Dorsch

(a) Residence: No. 924.S.Binney.St St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Dorsch

6. DATE OF BIRTH (month, day, year) April 18. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Dorsch

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Anna Dorsch(Wife)
(Address) 924.S.Binney.St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March6. 1934

19. UNDERTAKER Selby & Sons
(Address) 723 W. Fayette St.

20. Filed [illegible] Registrar.

MAR 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March4 1934

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1933 to March 4, 1934

I last saw him alive on March 3, 1934 Death is said to have occurred on the date stated above, at 6am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	
Other contributory causes of importance: Pulmonary Oedema	3-1-34

Name of operation Date of
What test confirmed diagnosis? Physical signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) I. B. Bronushas, M. D.
(Address) DR. I. B. BRONUSHAS
3037 O'DONNELL ST.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

William Easley Smith

E 99054 ✓ E 99054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-0 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 21 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME William Easley-Smith

(a) Residence: No. West Falls Church, Va. St., ___ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary A. Easley-Smith

6. DATE OF BIRTH (month, day, year) Oct. 2, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME William R. Smith

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Wilhelmina M. Easley

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D C Date 3/5 . 19 34

19. UNDERTAKER H. L. Reeves

(Address) 424 N. Y. Ave. N.W. Wash. D.C.

MAR 5 - 1934

Registrar

Registrar's No. 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/14/34 . 19 . to 3/5/34 . 19

I last saw h[illegible] alive on 3/5/34 . 19 . Death is said to have occurred on the date stated above, at 8 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged hypertrophy of Prostate	2
Incontinence Stricture of Urethra	30 yrs.
Chronic cystitis	2
Acute hypostatic pneumonia	2 days
Other contributory causes of importance:	
Bilateral hydrocele	9 days
Lobular pneumonia	2 days

Name of operation Cystotomy Date of 2/28/34

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ . 19 ___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Bertrand . M. D.

(Address) Mercy Hospital.

3 94

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1938-9

E 99055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clarence Franklin

(a) Residence: No. 3432 Ash St. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 14 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Franklin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ella E. Giddings

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

St. Peters Hampden March 6 1934

19. UNDERTAKER Chehoroch Bros.

(Address) 2 W. 27 & 17 Chestnut Ave

20. FILED 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-3 1934 to 3-5 1934

I last saw him alive on 3-5 1934 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Bronchopneumonia (Secondary)	3/3/34
Measles	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Marie S. Haight M. D.

(Address) Johns Hopkins

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-6.3

M. B. E 99056

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99056

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 3-01 St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie James Withers

(a) Residence: No. 1527 W. 36th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 14 - 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jas. Withers

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mary Wilcoxen

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

St Mary's Ramsdell Date Mar 5, 1934

19. UNDERTAKER Thurnwald Son

(Address) 3615 17 Christiana

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to March 5, 1934

I last saw him alive on March 5, 1934. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Medical	2-26-34

Other contributory causes of importance:

Congenital Heart Disease

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Richard Trams, M. D.

(Address) Union Memorial Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. E 99057 ✓ E 99057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No.) 2303 Ashland Ave. (St.) (Ward) 706 Life

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas.L.Henker

(a) Residence: No. 2303 Ashland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret J.Henker

6. DATE OF BIRTH (month, day, year) Sept.28/1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asbestoes Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.Md.

FATHER

13. NAME Wm.Henker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia Ritter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret J.Henker

(Address) 2303 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Mar.9/1934

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St.

20. FILED MAR 8 - 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar.5/1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at About 2-3 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
(Hypertension)	?? ?? ?

Other contributory causes of importance:

History Nephritis	???

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) J. H. Fiss Coroner, M. D.

(Address) 508 E Lanvale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. E 99058 ✓ E 99058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 (or Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Otis Talbott

(a) Residence: No. 508 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jasmus J. Talbott

6. DATE OF BIRTH (month, day, year) Apr 9/1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME — — Talbott

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mr. Talbott

(Address) 508 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Mar 7 1934

19. UNDERTAKER Philip Henry Sons

(Address) 206 Paca St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5- , 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-9- , 1934, to 3-5- , 1934

I last saw him alive on 3-5- , 1934. Death is said to have occurred on the date stated above, at 1.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Nov. 33
Cardiac Failure	3-4-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Taylor, M. D.

(Address) Md Gen Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y S 3

M. D. H. 126 E 99059 ✓ E 99059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No. 25601

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes O. Lungquist

(a) Residence: No. 2905 Hazel St. Ward.

(Usual place of abode) Catonsville (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Theodore Lungquist

6. DATE OF BIRTH (month, day, year): (?)

7. AGE: Years 71(?) Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private

10. Date deceased last worked at this occupation (month and year): (?)

11. Total time (years) spent in this occupation: (?)

12. BIRTHPLACE (city or town) (State or country): Washington D. C.

FATHER

13. NAME: Andrew Foss

14. BIRTHPLACE (city or town) (State or country): (?)

MOTHER

15. MAIDEN NAME: Martha Giles

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Address): Balto City Hospitals Records

18. BURIAL, CREMATION, OR REMOVAL Place: Baltimore Date: Mar 6, 1934

19. UNDERTAKER: Philips Henry Sons (Address) 2011 Eastern Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1934 to 3-3, 1934

I last saw her alive on 3-3, 1934 Death is said to have occurred on the date stated above, at 6:05 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertrophic and Ulcerative Colitis	(?)

Other contributory causes of importance: Bronchopneumonia 3 days

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. F. Barry, M. D.

(Address) Balto City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. E. B. E 99060 ✓ E 99060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 17-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name) Baltimore City Hospitals St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wesley Norman

(a) Residence: No. 515 Orford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 3-6 1934

19. UNDERTAKER [illegible] Eastern (Address) [illegible]

20. FILED [illegible] 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17 1933 to March 2 1934

I last saw [illegible] alive on March 2 1934 Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia rt. (due to old cerebral accident)	1 yr.
Bronchopneumonia	17 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) I P Magruder M. D.

(Address) Balt. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 16th DAY August

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #E 96001 Dec 6, 1933 AND

ENDING WITH #E 99060 March 6, 1934 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Treasury

BUREAU OF Municipal Securities AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

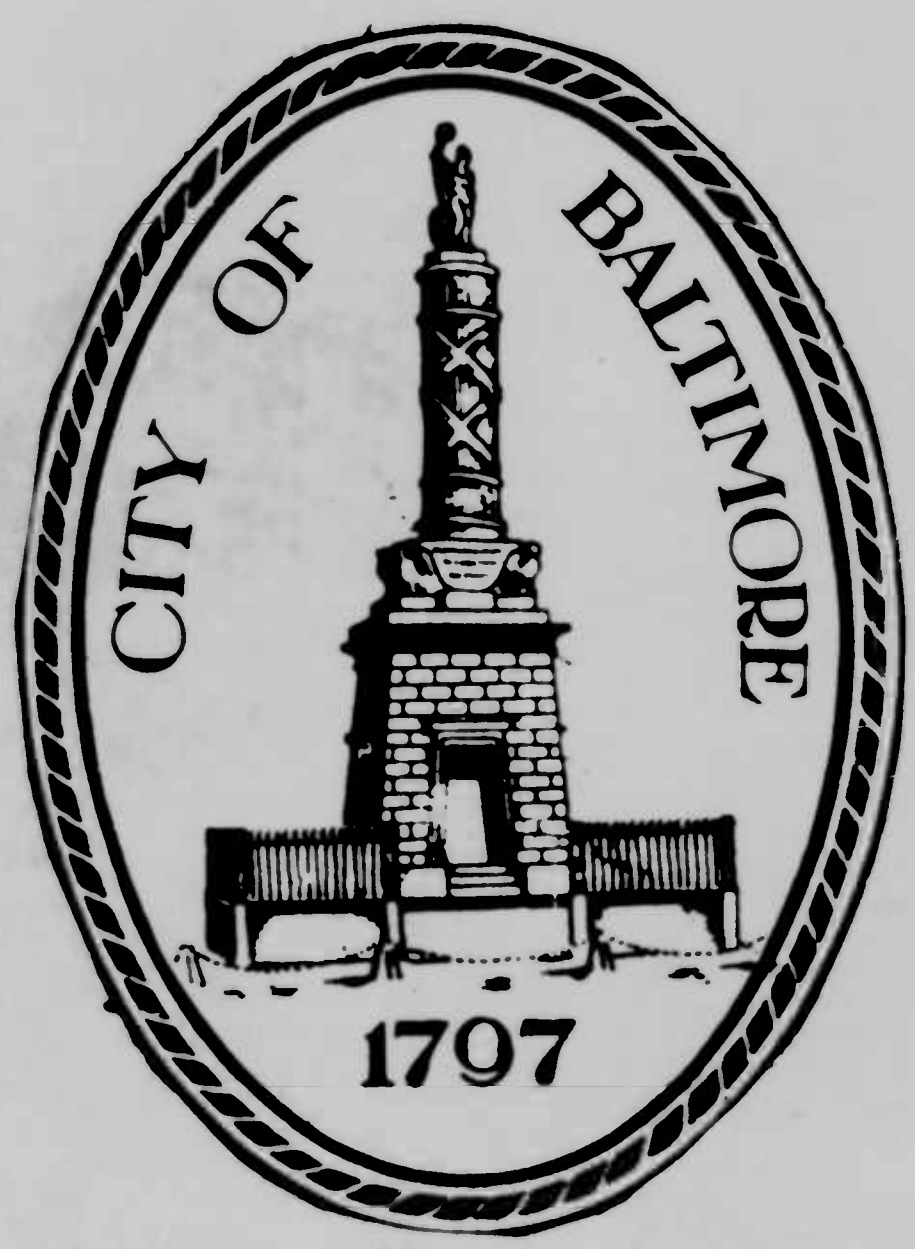
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: J. McFaul



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